within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

BP____ DHMH - 16 50/

		CEASED NAME JOHN	RO	pert	A	dams	20 DATE OF DEATH	MONTH DAY	YEAR	25 HOUR
	{ITPE	OR PRINT		STEEDING .		\$1 m 1 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JULY 2	7, 1983	3	7:05P
a o'el	3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	RTHDAY) IF L	UNDER I YEAR	IF UNDER 2
A CT		Male	White			ch 2, 1919	64	YRS.	UM15	HOOKS
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	FDEATH	10.10
26	l '	Md.	U.S.	Α.	WIDOWE		ALLEGANY	COUNTY,		
5%		mberland	(IF NOT IN SU	HOSPITAL, NURSINE THE HEART H		OR OTHER INSTITUTION	170 USUAL OCCUPATION OF WORK FOR MOST OF Maint. Eng	OF WORKING LIFE)	126 KIND O INDUSTRY Brewi	
35	USU. 13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b. CO Md. All		13c. CITY OR TOW Cumberla	N _	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS Rt.#3 Box	2	2150	2
	14. FA	THER'S NAME	9			15. MOTHER'S MAIDEN NA				
10		Robert S	tewart	Adams		Mary	Ann		Grei	se
1		VAS DECEASED EVER IN U.S.		165 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRI	ESS		
/	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	217-10-7	295	Evelyn M. Ada	ms Rt.#3 Bo	x 234 C	cumb.,	Md.
		18. CAUSE OF DEATH (Enter	only one cours on			1	0 0			MATE INTERV
		PART I. DEATH WAS CAU	SED BY:	Meta	ctri-	tic Out	Cell Carci	homa	di i wili si	10
		IMMED	ATE CAUSE (o)	/// 0000) 101 1	110 0011	Ceri Conti	1001101	-	71-
	2	1629	DUE TO, C	OR AS A CONSEQUE	NCE OF					
		Conditions, if ony, which	((b)_							
		gove rise to immediate couse (a), stating the	3 2015 70 6	DAG A CONSTOUR	ENICE OF					
			DUE TO, C	DR AS A CONSEQUE	ENCEOF					
		underlying cause lost.								
			(c)_	CONTRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERM	IN AL DISEASE OF CON	IDITION GIVEN	IN PART 1	n:
	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 10	0.
	ATION		stinou	065	truc	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, W	VERE FINDIN	NGS USED
7	FICATION	PART 2 OTHER SIGNIFICAN	stinou	065	truc	chon	200 AUTOPSY?	20b. IF YES, W	VERE FINDIN	NGS USED
2	ERTIFICATION	PART 2 OTHER SIGNIFICAN	196 CONE	DITION FOR WHICH	truc	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [VERE FINDING CAUSES	NGS USED
2	CERTIFICATION	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	19b CONE	065	tru c OPERATIO	chon	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [VERE FINDING CAUSES	NGS USED
29		PART 2 OTHER SIGNIFICAN	19b CONE	O 65 DITION FOR WHICH	tru c OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [VERE FINDING CAUSES	NGS USED
29		PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	19b CONE 19b CONE 19b CONE HOUR A HOUR A 19b PLACE	O DS DITION FOR WHICH OF INJURY A.M. MONTH D. P.M. OF INJURY	OPERATION AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, W IN CERTIFYIN YES [VERE FINDING CAUSES	NGS USED OF DEATI
29	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTHEY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE	19b CONE 19b CONE 19b CONE HOUR A HOUR A 19b PLACE	ODS	OPERATION AY YEAR 19	216 HOW INJURY OCCURS	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [VERE FINDING CAUSES	NGS USED OF DEAT NO
29		PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETITHER, NOTE'S MEDICAL EXAM) 21d INJURY OCCURRED AT WORK AT WORK	19b CONE 19b CONE 19b CONE 19b CONE 19b CONE 21b TIME O HOUR A F 21c PLACE (AT HOME S	OF INJURY A.M. MONTH D. P.M. E OF INJURY TREET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 FARM ETC.)	216 HOW INJURY OCCURS	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, W IN CERTIFYIN YES [VERE FINDING CAUSES 1 OR PART 2)	NGS USED OF DEAT NO
299		PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NO IFFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220 I certify that (I) (this ha	19b CONE 19b CONE 19b CONE 21b TIME (HOUR A HOUR A 21c PLACE (AT HOME 5	OF INJURY A.M. MONTH D. D.M. E OF INJURY TREET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 FARM ETC.)	211. LOCATION STREET	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TO	206. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18 PART	VERE FINDING CAUSES OR PART 2) COUNTY	NGS USED OF DEAT NO
29		PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF (IFEITHER NOTET MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 220 Levily Into (1) (this ho	19b CONE 19b CONE 19b CONE 19b CONE 19b CONE 21b TIME of HOUR A HOUR A 19b CONE 21c PLACE (AT HOME S	OF INJURY A.M. MONTH D. OF INJURY TREET, FACTORY, OFFICE, F the deceosed from	OPERATIO AY YEAR 19 FARM ETC.)	211. LOCATION STREET 219 21 and that in (my) (our) opinion of	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TO	206. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18 PART	VERE FINDING CAUSES OR PART 21 COUNTY	NGS USEC FOR DEAT NO
29		PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IFETTHER, NOTIFY MEDICAL EXAM) 210. INJURY OCCURRED WHILE NOT WHILE ALL WORK ALL WORK 220. L certify that (1) (this ho	19b CONE 19b CONE 19b CONE 19b CONE 19b CONE 21b TIME of HOUR A HOUR A 19b CONE 21c PLACE (AT HOME S	OF INJURY A.M. MONTH D. OF INJURY TREET, FACTORY, OFFICE, F the deceosed from	OPERATIO AY YEAR 19 FARM ETC.)	211. LOCATION STREET 213. LOCATION OF THE PROPERTY OF THE PRO	YES NOW YES NOW CITY OR TO TO YOUR DOOR TO THE DESTREE OF INJURY OR TO	20b. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18 PART	VERE FINDING CAUSES OR PART 2) COUNTY	NGS USEC FOR DEAT NO
29		PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF (IFEITHER NOTET MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 220 Levily Into (1) (this ho	19b CONE 19b CONE 19b CONE 19b CONE 19b CONE 21b TIME of HOUR A HOUR A 19b CONE 21c PLACE (AT HOME S	OF INJURY A.M. MONTH D. OF INJURY TREET, FACTORY, OFFICE, F the deceosed from	OPERATIO AY YEAR 19 FARM ETC.)	211. LOCATION STREET 219 21 and that in (my) (our) opinion of	ZOO AUTOPSY? YES NOW RED (ENTER NATURE OF INJUITED O	20b. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18 PART	VERE FINDING CAUSES OR PART 21 COUNTY	NGS USEC FOR DEAT NO
29		PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF (IFEITHER NOTET MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 220 Levily Into (1) (this ho	19b CONE 19b CONE 19b CONE 21b TIME (HOUR A HOUR A Spital) attended to on your view the Bod	OF INJURY A.M. MONTH D. OF INJURY TREET, FACTORY, OFFICE, F the deceosed from	OPERATIO AY YEAR 19 FARM ETC.)	211. LOCATION STREET 213. 19 23 and that in (my) (our) opinion of DEGREE ATTENDING	ZOO AUTOPSY? YES NOW RED (ENTER NATURE OF INJUITED O	20b. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18 PART	VERE FINDING CAUSES OR PART 21 COUNTY	NGS USEDS OF DEAT NO
29		PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220 I certify that (I) (this had obove (I) (we) (did) (did I) SENIATION 22d. PHYSICIAN'S NAME (19)	196 CONE 196 CONE 196 CONE 216 TIME OF PRINTS 216 PLACE (AT HOME S Spital) attended to on your wisw the Bod	OF INJURY A.M. MONTH D. OF INJURY TREET, FACTORY, OFFICE, F he deceosed from 19 y ofter down	OPERATIO AY YEAR 19 FARM ETC.)	211. LOCATION STREET 211. LOCATION STREET 212. ADDRESS	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TO A to MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18 PART DWN 27 . 19. Jote and hour of	COUNTY 221 DATE	NGS USED OF DEAT NO [
29	MEDICAL	PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTE MEDICAL EXAM) 21d. INJURY OCCURRED AT WORK 220.1 certify that (I) (this ho ogn the deceased dive obove (I) (we) (did) (did) 22d. PHYSICIAN'S NAME (19) LIVENGOOD,	19b CONE 19b CONE 19b CONE 21b TIME of HOUR A SERI 21c PLACE (AT HOME S' Spitol) gittended to the control of the bod E OR PRINT; PAUL, M.	ODS DITION FOR WHICH OF INJURY A.M. MONTH D. P.M. OF INJURY TREET, FACTORY, OFFICE, F A.Y. OTHER OT	AY YEAR 19 TARM ETC) MAY 8.3, OT	211. LOCATION STREET 211. LOCATION STREET 211. LOCATION STREET 212. ATTENDING PHYSICIAN 212. ADDRESS BMG, 912 SET	YES NOW CITY OF TO THE OF INJUDENT OF THE OF	20b. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18 PART DWN 27 . 19. Jote and hour of	COUNTY 221 DATE	NGS USEDS OF DEATH
29	WEDICAL MEDICAL	PART 2 OTHER SIGNIFICAN 1190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 210. INJURY OCCURRED WHILE NOT WHILE ALWORK 270. I certify that (I) (this had only the deceased alive obove. (I) (we) (did) (did 270. I certify that (I) (this had only the deceased alive obove. (I) (we) (did) (did 271. SIENA DIFF. 2720. PHYSICIAN'S NAME (IV) LIVENGOOD, 3URIAL, CREMATION, REMOV (SPECIFY)	19b CONE 19b CONE 19b CONE 21b TIME of HOUR A SERI 21b PLACE (AT HOME S SERINT) PAUL, M. AL 23b DATE	ODS DITION FOR WHICH OF INJURY A.M. MONTH D. P.M. OF INJURY TREET, FACTORY, OFFICE, F Y ofter down 231.1	AY YEAR 19 TARMETCI NAME OF C	211. LOCATION STREET 211. LOCATION STREET 211. LOCATION STREET 212. ATTENDING PHYSICIAN 213. ADDRESS BMG, 912 SET EMETERY OR CREMATORY	ZOO AUTOPSY? YES NOW RED (ENTER NATURE OF INJUITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC 234 LOCATION CITY OR TOWN	20b. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18 PART DWN 27 19. JOHN Die ond hour of	COUNTY 220 DATE 220 DATE	NGS USED OF DEAT NO [15 that (1) (v couses standard SIGNED 29-
29	WEDICAL Br	PART 2 OTHER SIGNIFICAN 1190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IFETTHER NOTIFY MEDICAL EXAM) 210. INJURY OCCURRED WHILE NOT WHILE ALWORK ALWORK NOT WHILE OBOVE (I) (we) (did) (did 220. I certify that (I) (this has not well as the deceased alive obove (I) (we) (did) (did 220. I certify that (I) (this has not well as the deceased of the obove (I) (we) (did) (did 220. I certify that (I) (this has not well as the deceased of the obove (I) (we) (did) (did 220. I certify that (I) (this has not well as the deceased of the obove (I) (we) (did) (did 220. I certify that (I) (this has not well as the deceased of the obove (I) (we) (did) (did 221. I VENGOOD) 3URIAL, CREMATION, REMOV (SPECIFY)	19b CONE 19b CONE 19b CONE 21b TIME of HOUR A SERI 21b PLACE (AT HOME S SERINT) PAUL, M. AL 23b DATE	ODS DITION FOR WHICH OF INJURY A.M. MONTH D. P.M. OF INJURY TREET, FACTORY, OFFICE, F Y ofter down 231.1	AY YEAR 19 TARMETCI NAME OF C	211. LOCATION STREET 211. LOCATION STREET 212. LOCATION STREET 213. 19 23 and that in (my) (our) opinion of the physician p	ZOO AUTOPSY? YES NOW RED (ENTER NATURE OF INJUIDADED) CITY OR TO MEDICAL STA DIRECTOR PHYSIC ON DRIVE 23d LOCATION CITY OR TOWN Cumberla	20b. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18 PART DWN 27 . 19. Country of the cond hour of the cond ho	COUNTY 220 DATE 27-0 AND, M	that (I) (vaccouses state of D 21
29	230. I BL 24 FI	PART 2 OTHER SIGNIFICAN 1190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 210. INJURY OCCURRED WHILE NOT WHILE ALWORK 270. I certify that (I) (this had only the deceased alive obove. (I) (we) (did) (did 270. I certify that (I) (this had only the deceased alive obove. (I) (we) (did) (did 271. SIENA DIFF. 2720. PHYSICIAN'S NAME (IV) LIVENGOOD, 3URIAL, CREMATION, REMOV (SPECIFY)	19b CONE 19b CONE 19b CONE 21b. TIME of HOUR A HOUR A Spitol) attended to on July y noy view the Bod PAUL, M. AL 23b. DATE Jul 30	O D S DITION FOR WHICH OF INJURY A.M. MONTH D. O.M. E OF INJURY TREET, FACTORY, OFFICE, F WARREST, FACTORY, OFFICE, F O, 1983 S1 404bpBBC	OPERATIO AY YEAR 19 FARMETCI NAME OF CURSET	216 HOW INJURY OCCURS 2116 HOW INJURY OCCURS 2111 LOCATION STREET 211 LOCATION STREET 212 ADDRESS BMG, 912 SET EMETERY OR CREMATORY Memorial PARK 256 DAT	ZOO AUTOPSY? YES NOW RED (ENTER NATURE OF INJUIDADED CONTROL OF INJUIDADE CONTROL OF INJUIDADED CONTROL OF INJUIDADED CONTROL OF INJUIDADE CON	20b. IF YES, WIN CERTIFYIN YES [JRY IN ITEM 18 PART DWN 27 . 19. Country of the cond hour of the cond ho	COUNTY 220 DATE 27-0 AND, M	that (I) (couses shi SIGNED 29-

SILCOX-MERRITT FUNERAL HOME STATE OF MARYLAND

TOTAL YEAR YEARD YMARLIA WALL WEST WITH THE WALL WAS A STREET PAUL, M.D. IVO, 910 SETON DRIVE C'MERLAND, ND 21502

L	1 - STATE 57 FROST	NERAL HOME AVENUE DEPART BURG, MD 21532	STATE OF MARYLAI MENT OF HEALTH AND M CERTIFICATE OF DI	ENDAL HYA	ENE 7
e e e e e e e e e e e e e e e e e e e	1. DECEASED NAME FIRS	LEONARD	ALDRIDGE		JULY 12.
Kolii Ve	3. SEX	4. RACE White	5. DATE OF BIRTH	Ö5	6 AGE (IN YEARS LAST BIR
87 87	Je. BIRTHPLACE (STATE OR FOREIGH	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M	ARRIED -	9 BALTIMORE CITY O

TYPE OR PRINT!	18.31					20. DAIL OF BLANK			20 1100K
PAL	JL LEG	ONARD	ALD	RIDGE		JULY 12, 1	983		12:30A
. SEX	4. RACE		5. DATE OF	BIRTH		& AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	Whi	te	work!	2	05	77	YRS	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOR	EIGN 76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED	☐ NEVER A	ARRIED -	9 BALTIMORE CITY OF	COUNTY	OF DEATH	
Maryland	U.S	.A.	WIDOWED	DI DI	ORCED [ALLEGANY	COUNT	Υ,	M
D. CITY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN	ADDRESS)	OTHER INST	ITUTION	128 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING I	E) INDUSTRY	F BUSINESS OR
Cumberland JSUAL RESIDENCE (JE NURSING	SACRED		SPITAL			Service I	pept.	Celar	lese
3e STATE 1:	Allegany	13c. CITY OR TOW	N I	13d. INSIDE C	TY LIMITS?	Rt.1 Box	317	215	32
FATHER'S NAME FIRST Leonard	WIDDLE	Aldride	177	15. MOTHER'S	MAIDEN NA		<u></u>	Ree	
60 WAS DECEASED EVER IN	U.S. ARMED FORCES? (# yes, give war or dates)		RITY NO.	17. INFORMA	NT	Rt. Aldridge	l ^s Bo	x 317	
PART I. DEATH WAS	(Enter only one couse pa s CAUSED BY. AMEDIATE CAUSE (a)			/ care	inomy	of lung		BETWEEN	mate interval onset and death no. 145
Conditions, if ony,		OR AS A CONSEQUE	NCE OF						
gove rise to imme couse (o), stating underlying couse	diate)	dr as a Conseque	NCE OF			e Jacob			
-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Severe Chronic obst-active Lung Disease; Congestive Heart Fusture								
O DATE OF OPERATE		DITION FOR WHICH				200 AUTOPSY?	20b. IF YES	S, WERE FINDING CAUSES	

21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 19

21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN STREET AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE

14ne 220.1 certify that (1) (this hospital) attended the deceased from June 11 ew the body after death. bove (1) we) (did) (did not) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

220 DATE SIGNED 27h SIGNATURE DEGREE 2md ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

THOMAS DEVLIN M.D

236 DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL (SPECIFY) STATE

Burial Fbg. Memorial Park 24 FUNERAL DIRECTOR 57 Frost Ave.

Durst Funeral Home Frostburg, Md. 21532 250, DATE REC'D. BY REGISTRAR JUL 1 9 1983

Frostburg Allegany

COUNTY

STATE

25 140110

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR. After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove cowing the State Dept. of Health and Mental Hygiene prior to burial, cremation,

etoined by the hospital or ottending physicio

OR ATTENDING PHYSICIAN:

TO HOSPITAL

BP.

IMPORTANT: If Item 21 is morked or Item 18 shows ony

MEDICAL

mpletely filled in by the fu ond 2 should be filed with

popers. Pages physici

edicol

event, th removol

njury, or other troumotic

(VRA 15, 4)

STEPPEN TO THE TE ADT OF THE PLANT TO THE PARTY OF THE PARTY O VIANO MACHINE The contract (Store Times Time No. and we will be the second that the second the second that the second the second that the second PARTY ON TAXABLE AND SALES NO STATE select sylving the larger is a linear time glinguity in Fr Erent Ave. During Turkers | Point Production of Single - | Till 1 8 1983 | For Single |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	DICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEC THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE HIM. SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAY 3. REFINEND PAGES AS HOULD BE USED AS A BURIAL IPREMIT PAGES 1 AND 2 SHOULD BE FILED. PEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH FECORDS, 201
DIVISION OF VI	SICAL EXAMINER: THIS CERTIFICATE SF. THE CERTIFICATE, WRITING THE WOR STOULD BE FORWARDED TO THE CARAL DIRECTOR, PAGE 3 SHOULD BE SEATH, WITH THE STATE DEPARÇMENT OF

k		FOR STATE REGISTRAR		DEPARTMENT OF HEALT DICAL EXAMINER'S	CERTIFICATE OF	DEATH REG.		20.4
OR. JRS EET,		CEASED NAME FIRST	Charles	O. Bosley	LAST	20. DATE KNOWN OF ESTI- DEATH MATED	7-14 19 83	2b HOUR
RY, PLEASE DIRECTOR. DUR FILES. STREET,	3. SEX	ale White	May 15,	OU TRS.	JNDER 1 YR. IF UNDER 24		-14 DAY YEAR	2d HOUR
NECESSARY, PIEASE UNELLA DIRECTOR FOR THE FILES. HOURS FEET STREET	W	RTHPLACE (STATEOR REIGN COUNTRY) est Virginia	76. CITIZEN OF WE	MAR	RRIED NEVER MARRIED	433	any	MD
AGE SOLD	1	TY OR TOWN OF DEATH Cumberland	11. NAME OF HOS	PITAL, NURSING HOME, OR O' CILITY, GIVE STREET ADDRESS) METVILLE AVE.	THER INSTITUTION 12	usual occupation (1) FOR MOST OF WORKING LIFE) Retired Cond	uctor Railro	RY
ANY I ANY I AND 3 PETAIN SECOND PRECORD	13a. S	TATE 13b. COUN ALLE	OTHER INSTITUTION GIVE RESIDENCE REPORT ADMISSIONS					
PATH.	14. F	ATHER'S NAME	G. Bosley	LAST	15 MOTHER'S MAIDEN N	V. Boseley	LAST	
AFTER DE SINE PAGE IN FORM AGES I AN ISION OF	16a V	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (1F YES, GIVE	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY NO. 217-01-9781	Mr. Robert	R. Bosley,	cumberland, Mo	l.Son
NN ST., BAL. A HOURS AF EM 18. GIM DNG WITH ERMIT. PAG IENE, DIVISI		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED IMMEDIATED	BY: A1	far (a), (b), and (c).) rteriolosclerot	tic Heart Disc	ease	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
VITHIN 2 VITHIN 2 VITHIN 2 VITHIN 2 VITHIN 2 VITHIN 2 VITHIN 3 VIT	-	Canditions, if any, which gave rise to immediate	(b)	AS A CONSEQUENCE OF				
S, 201 W. CUTED WILL EXAMINE L EXAMINE JRIAL - TR ND MENTION, OR		cause (a) stating the <u>under</u> lying cause last.	(c)	AS A CONSEQUENCE OF				
ECORDS BE EXECTED ING REDICAL AS A BUTH AN ARTH AN	NO	PART 2 DINER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISE.	ASE OR CONDITION GIVEN IN PART 1	(a)		
SHOULD ORD "PE CHIEF A E USED OR HE URIAL OF HE	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?	NO X
CERTIFICATE SERIFING THE WORKER TO THE CORE TO THE CORE TO THE CORE TO THE CORE TO PRIOR TO BUT TO B		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I		MONTH DAY YEAR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2]	
DIVISION HIS CERT WRITING ARDED AGE 3 SHATE DEPARTED PRI	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE C STREET, FACT	ORY, FARM, ETC.)	OCATION STREE!	CITY OF TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST BALIMORE, MARYIAND, 2		ACTUAL	e of the remains described all causes	cribed abave, held an Auto		Undetermined manner	and in my apinian	1983
MEDICAL CCUTE THE SE 4 SHO FUNERAL FR DEATH UTMORE,	-	EXAMINER'S NAME Dr.	Giovanni	Mastrangelo		MEDICAL EXAMINER Heart Hospit	al, Cumberland,	
DA SE	23a.B	URIAL, CREMATION, REMOVAL 2	36. DATE 7-18-83	23c. NAME OF CEMETERY Alkire Ceme	OR CREMATORY 2	3d LOCATION CITY ON THE STORM	, W. COUNTY STA	ATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	24 F	UNERAL DIRECTOR HAME James F.	Scarpelli	, Cumberland, 1	Md. ZSO. DATE REC	D. BY REGISTRAR TO RE		

of the code is the visite of the code in the code of t Link a Live of the contract of The last of the state of the st and left they have been a first to be a firs . Mily made of the Darkett Month of the Committee of the The state of the s

	11-	FOR STATE REGISTRAR			OF MARYLAND EALTH AND MENTAL W R'S CERTIFICATE O	FREATH	7 2 6 0
20 4 4 2 E		CEASED NAME FIRST (COR PRHNT)	A.	WIDDLE	Bowers	20 DATE KNOWN OF ESTI- DEATH MATED	7 10 00 -
M	3. SE)	F White	S. DATE OF BIRTH MONTH DAY Aug. 24,	1894 6. AGE (IN YEARS LAST BIRTHDAY)		MIN. PRONOUNCED DEAD	7- 12 1083 11:40E
NEGE S. POE	FO	RTHPLACE (STATE OR REIGN COUNTRY) Md •	76. CITIZEN OF WH		MARRIED NEVER MARRI	ED Allega	any MD.
AY IS PAGE 2001	Cı	TY OR TOWN OF DEATH umberland	26 R Gree		cent, Bel Air	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE) Housewife	OR INDUSTRY Homemaker_
JRS AFTER DEATH. IF ANY DEL S. GIVE PAGES 1, 2, AND 3 TC WITH FORM PM 3. RETAIN I. PAGES 1 AND 2 SHOULD BE DIVISION OF WITH RECORDS	13a. S	RESIDENCE (IF IN NURSING HOME TATE 136. COUN Alle	Cany Sany	131. CITY OR TOWN Cumberland	13d. INSIDE CITY LIMITS? YES IX NO	13. STREET ADDRESS 26 Crescent, Bel	R Greenfield/1902 Air, Cumberland, Md.
EATH. II SES 1, 2, A PM 3. AND 2 S AND 2 S		THER'S NAME FIRST PEOTE	W. MIDDLE Ki	dwell LAST	15. MOTHER'S MAIDE Sudie	E.	Mann
S AFTER DE GIVE PAGI ITH FORM PAGES 1 A IVISION OF		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (JEYES, GIVE NO NONE	MED FORCES? E WAR OR DATES)	220-10-59	50		RegreenfieldCrescen Air,Cumberland,Md.
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU RITING THE WORD "FENDING". IN PENCIL IN ITEM IS ROBED TO THE CHIEF MEDICAL EXAMINER ALONG RE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMISE PERMISE PERMISED FOR HEALTH AND MENTAL HYGIENE, OI PRIOR TO BURIAL, CREMATION, OR REMOVAL	NO	Canditions, if any, which gave rise to immediate cause (a) stating the under lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS	DUE TO, OR . (b) DUE TO, OR . (c)	AS A CONSEQUENCE OF	tic heart dise		
OULT SED SED SAL HE	IFICATI	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERAT	ION WAS PERFORMED?		20 AUTOPSY? YES □ NO♥
THIS CERTIFICATE SH, WRITING THE WOR WARDED TO THE CHACE 3 SHOULD BE LEAST AT TAIL DEPARTMENT 21201 PRIOR TO BUR	MEDICAL CERTIFICATION	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216. INJURY OCCURRED WHILE AT WORK AT WORK	DEATH P.M.	MONTH DAY YEAR	21¢ HOW INJURY OCCURRE 21¢ LOCATION STREET	D (ENTER NATURE OF INJURY IN ITE) CITY OR TOWN	M 18 PART FOR PART 2) COUNTY STATE
TO MEDICAL EXAMINER: THIS (EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARD TO FUNEAL DIRECTOR: PAGE AFIER DEATH, WITH THE STATE BATTMORE, MARYLAND, 21201		22a certify that I taak char death resulted from: Nature Course Nature Nature	oral causes XX	Accident . Suici	M.D. DEPUTY	Undetermined manner MEDICAL EXAMINER	and in my apinian DATE SIGNED 7/12/83
TO ME EXECUTE PAGE AFTER BALLING		(TYPE OR PRINT) URIAL, CREMATION, REMOVAL		23c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION	Cumberland, MD 21502
BP DHMH - 17 (VR A15 ME (5))	-	Burial UNERAL DECENOR NAME ARKWOOD FUNERAL	e. W. 2	83Sunset Me S.Mineral S	W.Va. 250. DATE	Cumberland REC'D. BY REGISTRAR TO R	Allegany Md.

To the Manual Control of the State of the St 1257 T . I tometredso. The large control of a .etc. Soccenteess

The state of the s

affe

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE CERTIFICATE OF DEATH

								EG. NO.		
	CEASED NAME	FIRST	MID	DLE	LAST		20. DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
(TYPE	E OR PRINT)	RTLE	MARY	В	OWMAN		JULY	27, 1983	3	9:50 p. ^
3. SE	x Female		RACE Whi	te	April 21,	1963	6. AGE (IN YEARS	LAST BIRTHDAY]	MONTHS DAYS	IF UNDER 24 HRS
	IRTHPLACE (STATE OF	R FOREIGN	Th. CITIZEN OF WH	HAT COUNTRY?	MARRIED NEVE		9. BALTIMORE			
	Maryland		USA			DIVORCED [All	egany Co	ounty	M
	ITY OR TOWN OF DE	100	(IF NOT IN SUCH F.	SPITAL, NURSING ACILITY, GIVE STREET AD MORIAL H		STITUTION	120 USUAL OCC	UPATION MOST OF WORKING		OF BUSINESS OF
1307	al residence in Null lary land	Alleg	other institution given the same of the sa	LE RESIDENCE BEFORE AI CUMBER LAI	nd YES T	CITY LIMITS?		PRESS 225 1	Baltimor	e Street
14. FA	John	_ ^	AIDDLE	Leasure		r's MAIDEN NA		DDIE	Jackso	st n
	WAS DECEASED EVE		MED FORCES? 16	220-28-7			(sister)	same	as 13a-	е
	Conditions, if an gave rise to in cause (a), stat	ing the	DUE TO, OR A	AS A CONSEQUEN	ICE OF	Science	wee n	2000 (milea	P
FICATION	gave rise to in cause (a), stat underlying caus	inmediate ing the ie last	prove	TRIBUTING TO DE	ICE OF	Veil	200 VIUTOPS	20b. IF Y	YES, WERE FINDI	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	PART 2 OTHER SIG	mediate ing the ing th	19b. CONDITIONS CON 19b. CONDITIONS CONDITIO	TRIBUTING TO DE	PERATION WAS PERLAT YEAR 19 211. LOCA	Veri FORMED INJURY OCCUR	200 VIUTOPS YES N. RED (ENTER NATURE	206. IF Y	YES, WERE FINDI TIFYING CAUSES YES [NGS USED
	PART 2 OTHER SIGNATURE OF CONTRIBUTING OR CONTRIBUTION OR CONT	mediate ing the ing th	19b. CONDITIONS CON 19b. CONDITIONS 19b. TIME OF I HOUR A.M. P.M. 21b. PLACE OF (AT HOME STREET	DN FOR WHICH O	PERATION WA PEND YEAR 19 211. LOCA M ETC) 211. LOCA	FORMED INJURY OCCUR TION 1, 19	200 VIUTOPS YES N. RED (ENTER NATURE	206. IF Y IN CER OF INJURY IN ITEM I	YES, WERE FINDI ITIFYING CAUSES YES [18 PART 1 OR PART 2]	NGS USED S OF DEATH? NO STATE
	PART 2 OTHER SIG	Intelligence of the control of the c	19b. CONDITIONS CON 19b. CONDITIONS 19b. CONDITION	DN FOR WHICH O	YEAR 19 211. LOCA M ETC) DEGREE	FORMED INJURY OCCUR TION TION TOUR ATTENDING PHYSICIAN	200 MUTOPS YES N. RED (ENTER NATURE	20b. IF Y IN CER OF INJURY IN ITEM IT TY OR TOWN STAFF	YES, WERE FINDI	NGS USED S OF DEATH? NO STATE that ((we) lose causes stated
	PART 2 OTHER SIGNATURE OF CONTRIBUTING OR CONTRIBUTION OR CONT	Interest of the control of the contr	19b. CONDITIONS CON 19b. CONDITIONS CONDITIO	DN FOR WHICH O	PERATION WA PEND YEAR 19 211. LOCA M ETC) 211. LOCA	FORMED INJURY OCCUR TION TI	200 NUTOPS YES N RED (ENTERNATURE CI 3. to death occurred o	20b. IF Y IN CER OF INJURY IN ITEM I TY OR TOWN STAFF PHYSICIAN	YES, WERE FINDI	NGS USED S OF DEATH? NO THAT I (we) lo causes stated

DHMH - 16 50M 4/B2 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur

TO FUNERAL DIRECTOR: After this certificate has bee

TO HOSPITAL OR ATTENDING PHYSICIAN: The

ned by the hospital ar

BP.

a in the plant is Tankel on more than the same of Tentre it is a second of the s If your statement you be not before

_
_

moy be

tor, page 3

completely s 1 and 2 sh

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

1
2

- STATE REGISTRAR				CERTII	ICATE OF	DEATH	REG. NO.		diam -	
1. DECEASED NAME	FIRST		MIDDLE	Town 1	LAST		20. DATE OF DEATH	ONTH DAY	YEAR	2b. HOUR
(TITE OKPRINT)	EARL	I	7	В	RAIN		July 3	. 198	3	2:10 A
3. SEX	200.000	4. RACE		5. DATE	OF BIRTH	7 1 1	6. AGE (IN YEARS LAST BIRTH	DAY) IF	UNDER 1 YEAR	
Male		White		MONT	25	O2	80	YRS	NTHS DAYS	HOURS MIN.
To. BIRTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	10			9. BALTIMORE CITY OR		FDEATH	
COUNTRY) Marru	land	U.S.	Α.	MARRIE	D NEVER	MARRIED W	A11			M
10. CITY OR TOWN OF		11. NAME OF	HOSPITAL, NURSIN	IG HOME			Allegany			OF BUSINESS OF
Combout and	1		CH FACILITY, GIVE STREET				Principal	WORKING LIFE)	INDUSTRY	
Cumberland			al Hospil				Frincipas		Seho	301
13a STATE	13b COU	INTY	13c. CITY OR TOW	N	13d. INSIDE		13e STREET ADDRESS	- 20 6	25	37
Maryland 14 FATHER'S NAME	AL.	Legany	Frostbu	rr.R.	YES [S MAÎDEN NA	Route 1 Box	24	~ 1	
FIRST		MIDDLE	LAST		IS. MOTHER	FIRST	MIDDLE		LA	IST
Robert			Brain		Nel				Smith	
160 WAS DECEASED E		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM		ADDRES			
No			216-22-6	6657	Cleme	ntine F	Brain Rt. 1 E	10x 29		
18 CAUSE OF D	EATH (Enter o	nly one cause pe	Ine for (a), (b), on	die		10 1	0		APPRO) BETWEEN	XIMATE INTERVAL
PART I, DE AT	TH WAS CAUS	ED BY:	entir !	uly	my,	anbo	li		Un	lanera
Conditions, if gove rise to cause (a), underlying of	immediate stating the	DUE TO, O	RAS A CONSEQUE	ted a	denos	- come	of comm		2-	5 days
	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED) TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN	IN PART I	la
190 DATE OF OP	PERATION 3	196 COND	ITION FOR WHICH	OPERATIO	N. WAS PERFO	RMED		20b. IF YES, V IN CERTIFYIN YES	NG CAUSES	INGS USED S OF DEATH?
		HOUR A	OF INJURY .M. MONTH DA M.	AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	1 OR PART 2)	
OR CONTRIBUTING (IF EITHER NOTIFY 21d. INJURY OC WHILE AT WORK	CURRED		OF INJURY REET FACTORY, OFFICE, F	ARM ETC]	211 LOCATE STREE	ON T	CITY OR TOW	×	COUNTY	STATE
220.1 certify the	ot (I) (this hosp ceased alive a we) (did n		ofter death.	3	DEGREE		death occurred on the date			, that (II (we) la e couses stated E SIGNED
224. PHYSICIAN	SOVAME ITTE	OR RRINT)			22e. ADDRES				p1.1-	1
		hroeder					ial Hospital rland, MD 21		prag.	
23a BURIAL, CREMATI	ON, REMOVA	L 23b. DATE	23c. h	NAME OF	EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE

BP DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR
Durst Funeral Home

Burial

57 Frost Ave. Frestburg, Md. 21532

236. LOCATION

STATE

Tk Frost Durg Allegary 1

al alf Loic in Margian Continue or Route 1 hor 20 m elife alem g en Olerantian frain t. 1 for 2 frontinger Trial 7/5/63 En. no.41 no. 100 to 100 Front ve. 12 ser 13. en 13. en 14. en 14. en 15. en 17. en 17.

STATE OF MARYLAND

	- STATE REGISTRAR			CERTIFICATE OF DEATH	REG. NO.	2 0 3	
	1. DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
		iscilla Ma	ay	Britton	July 30	0,1983 10:45	
	3. SEX	4 RACE	5.	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.	
	Female	White	9	March 10, 1894	89 YRS	MONTHS DAYS HOURS MIN	
25	7a. BIRTHPLACE (STATE OR FOR	DREIGN 76 CITIZEN OF	WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
)	Md.	U.S.		VIDOWED DIVORCED		MD	
	10 CITY OR TOWN OF DEA	(IF NOT IN SUC	HOSPITAL, NURSING P CHEACILITY, GIVE STREET ADDI Bedford Roa				
5	USUAL RESIDENCE (IF NURSII 13a STATE Md.	ing home or other institution 136, COUNTY Allegany	GIVE RESIDENCE BEFORE ADA 13c. CITY OR TOWN Cumberlar	\$ 13d INSIDE CITY LIMITS	? I3e STREET ADDRESS Rt.#3 Bedford	Z/502	
)	14. FATHER'S NAME FIRST Van	MIDDLE E.	Berry	13. MOTHER'S MAIDEN FIRST Mary	NAME Alice	Robinson	
	160 WAS DECEASED EVER I (YES, NO OR UNKNOWN) NO	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	215-50-563		1208 Bedfo: illum Cumberland	rd St. , Md. 21502	
	Conditions, if ony,	DUE TO, O which (b)	1	pulmmen a		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		which (b)_	R AS A CONSEQUENC	alguer arke	30	lenosu	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED | JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] CITY OR TOWN COUNTY NOT WHILE WHILE

220.1 certify that (I) (this haspital) attended the deceased from saw the deceased affive on above (1) (we) (did) (did not) vigw the body after death. and that in (my our) apinion death occurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

ATTENDING

Cumberland, Md. 955 Frederick St.

STAFF

Anthony J. Bollino, Jr., M.D. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION Weedsport (SPECIFY) York July 2,1983 Weedsport Cemetery Wayne

Burial 24. FUNERAL DIRECTOR

40 PRE Decatur St.

250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Silcox-Merritt Fun'l Ser. Cumberland, Md.

MEDICAL

PHYSICIAN - DIRECTOR PHYSICIAN

DHMH-16 60M 1/73 (VR A 15 (4))

ar ather traumatic Then please remave c ta buriol, crematian, signed TO FUNERAL DIRECTOR: After this certificate has been pridr should be detached far use as the burial-transit permit, with the State Dept. af Health and Mental Hygiene priar shaws or Hem 18 marked

If Hem 21

PHYSICIAN:

ATTENDING

attending

hospital

CERTIFICATION

MEDICAL

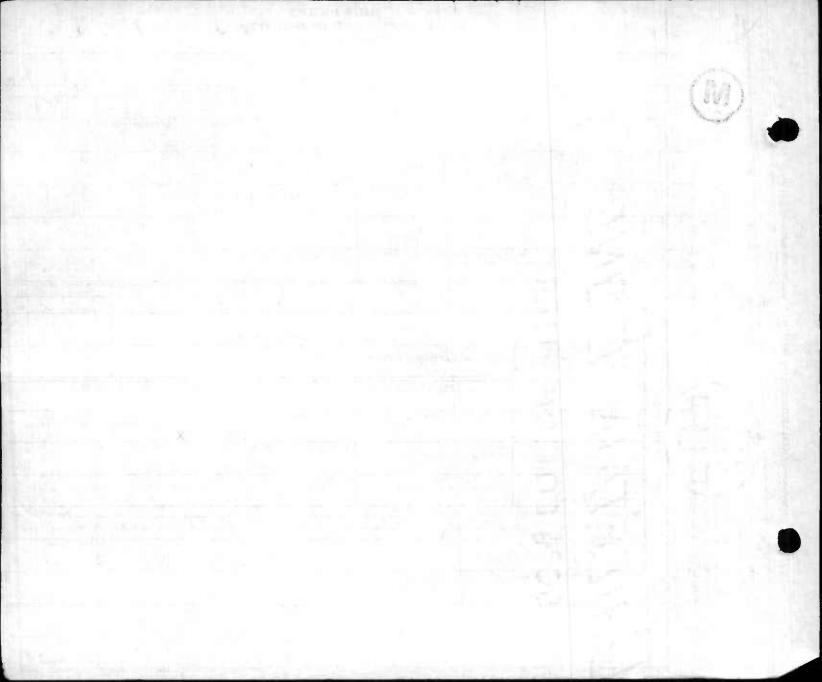
puo

physician on papers.

attending

by

MPORTANT. etained by



8	1)"
	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the form	should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
rnin 24 nours arref	ely filled in by the f	2 should be filed with
care be executed w	ysician and complet	opers. Pages 1 and avol.
O MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours ofter or out. The manner of the hospital or attending physician.	by the attending ph	should be detached far use as the burial-transit permit. Then please remove carbanpoper's with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.
idn.	has been signed	it permit. Then plea
etained by the hospital or attending physician.	After this certificate	e as the burial-trans lith and Mental Hyg
by the hospital a	ERAL DIRECTOR:	e detached for use State Dept. of Hea
etained .	TO FUN	should be

injury, ar ather traumatic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

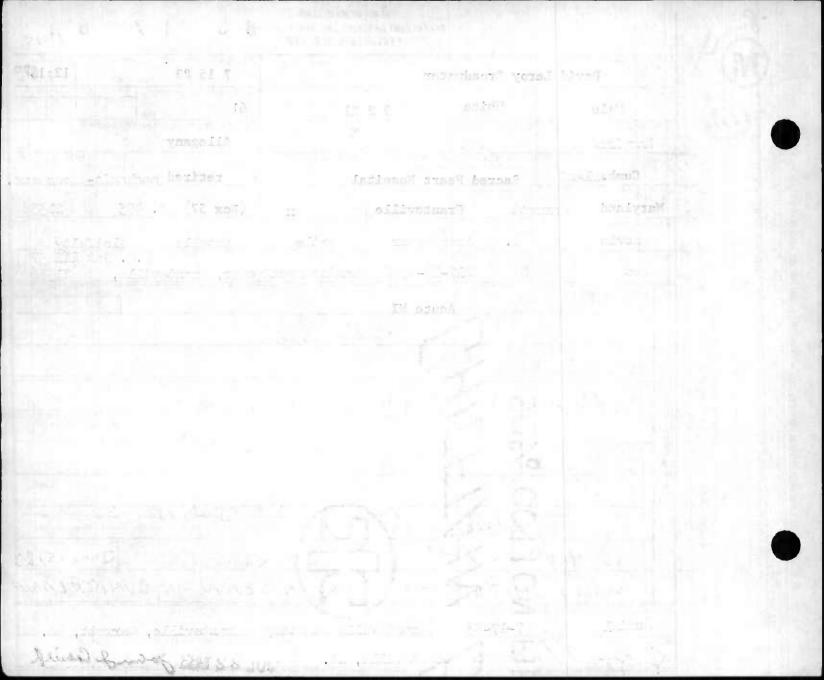
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

3		7	")	6	ŕî
J			hea	0	13:15
	REG. NO.				10.12

1 -	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	REG. N	17	2 6	12:15
	CEASED NAME FIRST	D.	MIDDLE		LAST	7 15 83		YEAR	26 HOUR 12:10Pm
			oadwater						W
3. SE	x Male	4. RACE Wh	ite	5 DATE O		6. AGE (IN YEARS LAST BE		UNDER I YEAR	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN O	F WHAT COUNTRY?	MARRIE	DIVORCED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	MD.
1	Cumberland	Sacr	uch facility, give street	ADDRESS)	OR OTHER INSTITUTION	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE)	INDUSTRY	Construc
130	AL RESIDENCE (IF NURSING STATE AT A TOTAL AT	rett	13t. CITY OR TOW Grantsv	N	134. INSIDE CITY LIMITS? YES NO 😥	130. STREET ADDRESS (Box 57)	Rt. 49	5	21536
14 F/	ATHER'S NAME Nevin	MIDDLE U.	Broadwat	er	Myrtle	Estelle		Glotfe	
16a \	WAS DECEASED EVER IN U.S. YEE OO OR UNKNOWN) (IF YES.	ARMED FORCES			17 INFORMANT	ADDR	ESS P.O.	. Box	XXX 57
-	I es	V. Z	217-14-4	960	Maxine Broad	water, Gran	tsville	e, MD	21536
CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	DUE TO, (c). IT CONDITIONS	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM SULLE PUI		IDITION GIVEN		
TIFIC	THE DATE OF OPERATION	170. CON	DITION TOR WITHEIT	OFERATIO	NASTERI ORNED	YES NO		NG CAUSES	OF DEATH?
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJ.	IRY IN ITEM 18 PART	TIORPART2)	
MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	22a I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did	on July	the deceased from 19		nd that in (my) (cor) apinion	death occurred on the d	ate and hour o		that (I) (we) last causes stated
	226. SIGNATURE	1	pro	74		MEDICAL STA		Jul Jul	115/8]
	22d PHYSICIAN'S NAME (TY	S. WIJ	AB, M	0	909 A -	SETON D	R. Cu	MBEI	RLANG
23a	BURIAL, CREMATION, REMOV	AL 236. DATE 7-17.	00		CEMETERY OR CREMATORY		lle Ga	county	
24 F	D. Sema /	Jeum	ADDRESS		25a. DA1	TE REC'D. BY REGISTRAF		AR'S SIGNAT	well

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.



		REGISTRALIMBERLAND	MD 21502	CERTIFICATE OF DEATH	REG, NO.	
		CEASED NAME FIRST	MIDDLE	LAST	The Date of Death	OAY YEAR 26
		IVA	GERTRUDE	BROWN	JULY 24, 1983	
	3. SE.	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF
		FEMALE	WHITE	MAY 26 1922	YRS.	05.05.1711
16		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	ALLEGANY COUNTY	
后	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING SACRED HEART H	WIDOWED DIVORCED DIVO	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF B
3/0	11511	CUMBERLAND			HOUSE WIFE	
35	130.	STATE 136. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR JNTY 13c. CITY OR TOW LLEGANY LAVALE		130 STREET ADDRESS	21500
Wine (1/	14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE WIODIE	LAST
(2/0		CHARLES	H. WOOD	TVA MAR	TE NT	
lico		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	21502
ae /	ı '	NO NO	232-56-6	904 GOLDIE GREEN	292 NATIONAL HIGH	
her froumoti		Conditions, if ony, which gove rise to immediate cause (0), storing the	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU			
njury, or other troumoti	NO	gove rise to immediate cause (0), stating the underlying cause lost.	(b)	ENCE OF DEATH BUT NOT RELATED TO THE TERM		
was ony injury, or other froumofil	TIFICATION	gove rise to immediate cause (0), stating the underlying cause lost.	(b)	ENCE OF DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 200 IN CERTIF	EN IN PART TO
and B shows ony injury, or other troumoris	AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 196 DATE OF OPERATION 216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	(b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO LEFT CALL (D) TO BE CONDITION FOR WHICH CALL (D) THE CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM MICH DEPARTION WAS PERFORMED AY YEAR 216. HOW INJURY OCCUR	200 AUTOPSY? 200 IN CERTIF	NOR STATE OF
or them 18 shows ony injury, or other troumoni, or	-	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 196 DATE OF OPERATION 216, ACCIDENT WAS UNDERLYING	(b)	DEATH BUT NOT RELATED TO THE TERM DEATH BUT NOT RE	200 AUTOPSY? 200. IF YES IN CERTIFY YES NO NO YES	S, WERE FINDINGS YING CAUSES OF S 1
rised or item 18 shows ony injury, or other troumoni, in	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 196 DATE OF OPERATION 216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED WHILE NOT WHILE NOT WHILE	(b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO EFROM THE CONTRIBUTION OF THE CONTRIBUTION	DEATH BUT NOT RELATED TO THE TERM DEATH BUT NOT RE	Prette / Rent Disk 200 AUTOPSY? YES NO EX YES	NOR STATE OF
s morked or item 18 shows ony injury, or other froumoni, or	-	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED AT WORK AT WORK 220.1 certify that (I) (this hold state) and work and	(b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO ERATH HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 1910) oftended the deceosed from	DEATH BUT NOT RELATED TO THE TERM OF THE STREET DEATH BUT NOT RELATED TO THE TERM D	200 AUTOPSY? 200. IF YES IN CERTIFY YES NOWN	S, WERE FINDINGS YING CAUSES OF S 1
21 is marked or them 18 shows ony injury, or other traumoni, or	-	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED AT WORK AT WORK 220.1 certify that (I) (this hold state) and work and	(b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO ERATH HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 1910) oftended the deceosed from	DEATH BUT NOT RELATED TO THE TERM OF THE STREET DEATH BUT NOT RELATED TO THE TERM D	200 AUTOPSY? 200. IF YES IN CERTIFY YES NOWX YES CITY OR TOWN	COUNTY
them 21 is marked or them 18 shows ony injury, or other troumoni, or	-	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED AT WORK AT WORK 220.1 certify that (I) (this hold state) and work and	(b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO EXECUTION FOR WHICH 198 CONDITION FOR WHIC	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION STREET Ond that in (my) (our) opinion DEGREE	200, AUTOPSY? 200, IF YES IN CERTIFYES NOWN YE CITY ORTOWN TO death occurred on the date and hou	COUNTY
If them 21 is morked or them	-	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 196 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK 220.1 certify that (1) (this hou	(b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO CALL 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D ER) P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, itol) ottended the deceased from a contract of the pody office of the of the pody of the pody of the pody office of the pody office of the pody of th	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION STREET , 19 . ond that in (my) (our) opinion OGREE ATTENDING PHYSICIAN [200 AUTOPSY? 200. IF YES IN CERTIFY YES NOWX YES CITY OR TOWN	COUNTY COUNTY
If them 21 is morked or them	-	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIE ITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION ON WHILE AT WORK AT WORK 220.1 certify that (1) (thus how the died of the country of the coun	(b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO SPACE CONDITION FOR WHICH 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D FR. P.M. 210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 1010) offended the deceosed from the body after depth	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION STREET 19 Ond that in (my) (our) opinion OFFICE ATTENDING PHYSICIAN [200 AUTOPSY? 200. IF YES IN CERTIFY YES NOWN YE CITY OR TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY COUNTY 19, tho r and fram the county 27c. DATE SIC. 27 JU.
If them 21 is morked or them	MEDICAL	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 196 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED AT WORK AT WORK 220.1 certify that (I) (this house of the country of	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO EACH 198 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D P.A.M. MONTH D (AT HOME STREET, FACTORY, OFFICE, itol) ottended the deceosed from KENNETH, M.D.	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION STREET Ond that in (my) (our) opinion GREE ATTENDING PHYSICIAN [222. ADDRESS 925 BISHOP	200, AUTOPSY? 200, IF YES IN CERTIFY YES IN NOW YE RED (ENTER NATURE OF IN) URY IN ITEM 18. P CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN I	COUNTY COUNTY 19, tho r and fram the county 27c. DATE SIC. 27 JU.
ANI: If them 21 is morked or them	WEDICAL 230.	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIE ITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION ON WHILE AT WORK AT WORK 220.1 certify that (1) (thus how the died of the country of the coun	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO EACH 198 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D P.A.M. MONTH D (AT HOME STREET, FACTORY, OFFICE, itol) ottended the deceosed from KENNETH, M.D.	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION STREET 19 Ond that in (my) (our) opinion OFFICE ATTENDING PHYSICIAN [200 AUTOPSY? 200. IF YES IN CERTIFY YES NOWN YE CITY OR TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY COUNTY 19

CUMBERLAND

DHMH - 16 50M 4/82

SILCOX-MERRITT FUNERAL SERVICE

THE THE STREET MITTER ANY CONTRACTOR MATERIAL PROPERTY OF SEPTEMBER AND STREET

DEPARTMENT OF HEALTH AND MENTAL HYGINE 60 W. MAIN STREET - STATE CERTIFICATE OF DEATH REGISTRAR FROSTBURG. MD 21532 20 DATE OF DEATH MONTH I. DECEASED NAME LITYPE OR PRINTS VIRGINIA OLIVE JULY 27, 1983 BUCKAL FW 3. SEX 4 RACE S DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR MONTH YEAR FEMALE WHITE 3/7/18 65 9. BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED MARYTAND U.S.A. ALLEGANY COUNTY WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CUMBERLAND SACRED HEART HOSPITAL HOUSEWIFE OWN HOME ATTE CANV 13. STREET ADDRESS STREET MARYTAND NO F IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE FIRST EMORY DeVORE PLUMMER MARY **EDNA** 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 21532 (IF YES, GIVE WAR OR DATES) 217-10-5209 MRS. SUE WALLS. GREEN ST. FROSTBURG. MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse last THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200 AUTOPSY 286 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 214 INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION MED CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this haspital) attegded the deceased from saw the deceased alive an and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (I) (we) (did) (did not) w be detoched fe e State Dept. o 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN -ATTENDING should be deto MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS VINCENT, CLARENCE, M.D. 909-B SETON DRIVE, CUMBERLAND, MD 21502 23d LOCATION 23a BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN 7/30/83 FROSTBURG MEM. PK FROSTBURG ALLEGANY

60 W. MAIN ST.

FROS TBURG

FUNERAL HOME

SOWERS

SOWERS FUNERAL HOME

FOR

STATE OF MARYLAND

2h HOUR

3:50P M

IF UNDER 24 HRS

NO |

STATE

STATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)



C. ATVILLE

77 7 7 7

.A.E.U

Wileson Lives decous Civiliania

ANTE DE LIEUNIE EL STEERS

U.S. W. C. SETIME

the state of the letter of the second colored

OO IL PARM ST.

SOWERS FURTHER INCENTION

CONTROL OF THE PROPERTY OF THE

PARMER MARY EDWA DOVORE

.A. 217-10-5209 NRS, SUB NALS, GREEN ST., PROSTBURG, ID.

A CO, OS BROSERING WHY EK LEGSTERRO FITTEVIKA IN .

101:5 E 11 11 12 Y # HA

STATE STATES

56 OF BENEST SET

_
0
C
- pinne
C
0
2
Z
4
3
>
D.
-
4
~
-
111
W
OK.
0
*
4
F
-
d
60
627
-
S
Z
0
9
1.0
U
RESTO
ERC.
0.
-
3
-
_
0
2
10
ORDS
-
THE .
0
U
E
DC
-
-
4
T
=
-
44.
O
0
7
-
ISIO
5
>
=
0
_
-

requires that the death certificate be executed within 24 hours ofter death. Page

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

BP. DHMH - 16 50M 4/8 (VRA 15, 4)

		CEASED NAME	FIRST		MIDDLE	L	LAST	20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOU
			NTHON		DSEPH		DRIS	JULY 12,			2:27
	3. SE)			4 RACE		S. DATE C	N DAY WEAR	6 AGE (IN YEARS LAS	ST BIRTHDAY]	MONTHS DAYS	IF UNDER
	-	MALE		WHI	TE	FEB.	28" 1915	68	YRS		
15		RTHPLACE (STATE OR FO	OREIGN	US		MARRIE			ANY COU	NTY.	
S Control	CU	TY OR TOWN OF DEA		SACRED	HEART H	OSPITA	OR OTHER INSTITUTION AL	TABORER	PATION OST OF WORKING I	126 KIND (INDUSTRY CONST	
35	13a. S	AL RESIDENCE (IF NURSI	13b. COUN	CANY	13c. CITY OR TOW NIKEP	ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRE	ESS	(2154
() (min	14 FA	THER'S NAME FIRST JULIUS		MIDDLE	UDRIS LAST		15 MOTHER'S MAIDEN NO. FIRST FRANCES	, , MIDD		PEAR	.51
0310		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	AC	DDRESS		
E		es	WW 2)	213 09 7	7338	JULIUS BUDR	IES N	IKEP M	D. 21	546
or attret troumotic even		Conditions, if ony, gove rise to imm cause (o), stating underlying couse	which nediote g the last.	DUE TO, O (c) (d)	PR AS A CONSEQUE		horses of	orl of the l	nous	7	WK
esony injury, or other troumotic even	FICATION	Conditions, if any, gove rise to imm cause (o), stating underlying couse	which nediote g the last.	DUE TO, O (c) CONDITIONS CO	OR AS A CONSEQUE	DEATH BUT	horses of NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YI	ES, WERE FINDI	INGS USEC
shows ony injury, or other troumotic even	ERTIFICATION	Conditions, if ony, gove rise to imm cause (o), stating underlying couse	which nediote g the last.	DUE TO, O (b) DUE TO, O (c) CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YI IN CERT	ES, WERE FINDI IFYING CAUSE (ES []	INGS USER
m is shows ony injury, or other troumotic even	AL CERTIFICATION	Conditions, if ony, gove rise to imm cause (o), stating underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UNDO OR CONTRIBUTING C	which rediote g the last. WIFICANT (DUE TO, O (b) DUE TO, O (c) 196 CONDITIONS CONDITIO	ONTRIBUTING TO I	OPERATIO		200 AUTOPSY?	20b. IF YI IN CERT	ES, WERE FINDI IFYING CAUSE (ES []	INGS USEC
on them, it shows only injury, or other froumotic even		Conditions, if ony, gove rise to imm cause (o), stating underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAT	which nediote g the last. WIFICANT (ION DERLYING [LAUSE OF DEAL EXAMINET	DUE TO, O (b) DUE TO, O (c) CONDITIONS C 198 COND 198 COND ATH R)	ONTRIBUTING TO I	OPERATIO AY YEAR	21c HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YI IN CERT Y INJURY IN ITEM IS	ES, WERE FIND IFYING CAUSE (ES	NGS USEE S OF DEAT NO
ked on item to show any injury, or other troumotic even	MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm cause (o), stating underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	which nediote g the last. VIFICANT (ION VERLYING AUSE OF DE LALEXAMINE LEED	DUE TO, O (b) DUE TO, O (c) CONDITIONS C 198 COND 198 COND ATH R)	ONTRIBUTING TO I	OPERATIO AY YEAR	21c HOW INJURY OCCUP	200 AUTOPSY? YES NO	20b. IF YI IN CERT	ES, WERE FINDI IFYING CAUSE (ES []	INGS USEC
21 is morked on item 18 shows ony injury, or other troumotic even		Conditions, if ony, gove rise to imm cause (o), stating underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAT 71a. ACCIDENT WAS UND OR CONTRIBUTING C C (IF EITHER NOTIFY MEDIC 21d, INJURY OCCURR	which nediote g the last. WIFICANT (ON DERLYING [AUSE OF DE. CAL EXAMINED (CHILDREN CH	DUE TO, O (b) DUE TO, O (c) CONDITIONS C 196 COND 196 COND THOUR A R) THE PLACE	OR AS A CONSEQUE ONTRIBUTING TO I ONTRIBUTI ONTRIBUTING TO I ONTRIBUTING TO I ONTRIBUTING TO I ONTRIBUTING T	OPERATIO	21c HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YI IN CERT Y INJURY IN ITEM IB	ES, WERE FIND IFY ING CAUSE (ES	NGS USEC S OF DEAT NO
T. If Item 2.1 is morked on them 18 shows ony injury, or other troumotic even		Conditions, if ony, gove rise to imm cause (o), stating underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER NOTIFY MEDIC 21d. INJURY OCCURR	which nediote g the last. WIFICANT (ON DERLYING [AUSE OF DE. CAL EXAMINED (CHILDREN CH	DUE TO, O (b) DUE TO, O (c) CONDITIONS C 196 COND 196 COND THOUR A R) THE PLACE	OR AS A CONSEQUE ONTRIBUTING TO I ONTRIBUTI ONTRIBUTING TO I ONTRIBUTING TO I ONTRIBUTING TO I ONTRIBUTING T	OPERATIO	21c HOW INJURY OCCUP	200 AUTOPSY? YES NO	20b. IF Y. IN CERT Y IN ITEM 18	ES, WERE FIND IFYING CAUSE (ES	NGS USEC S OF DEAT NO
ILANI: If Rem 21 is marked on tem 48 shows ony injury, or other froumatic even		Conditions, if ony, gove rise to imm cause (o), stating underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COURT (IF EITHER NOTIFY MEDIC CITE ITHER NOTIFY MEDIC CITE ITHER NOTIFY MEDIC CITE COUNTRIBUTING COURT CITE COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING CITE COUNTRIBUTING CO	which nediote g the last. WIFICANT (ION DERLYING [LAL EXAMINE RED	DUE TO, O (b) DUE TO, O (c) CONDITIONS C 196 COND ATH PLACE THOUR A R)	OR AS A CONSEQUE ONTRIBUTING TO I ONTRIBUTI ONTRIBUTING TO I ONTRIBUTING TO I ONTRIBUTING TO I ONTRIBUTING T	OPERATIO	21c HOW INJURY OCCUP	200 AUTOPSY? YES NOT	20b. IF Y. IN CERT Y IN ITEM 18	ES, WERE FIND IFYING CAUSE (ES	INGS USEE S OF DEAT NO s that (1) (v e causes state
MPONIAN: If item 21 is morked on item 18 shows ony injury, or other froumotic even		Conditions, if ony, gove rise to imm cause (o), stating underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER NOTIFY MEDIC 21d. INJURY OCCURR The december of the discouse of the discous	which nediote g the last. WIFICANT (ION WERLYING CAUSE OF DE/AL EXAMINETEED WIFICANT (ION) WERLYING CAUSE OF DE/AL EXAMINETEED WIFICANT (ION) WIFICANT (DUE TO, O (b) DUE TO, O (c) CONDITIONS C 196 COND 196 COND 196 COND 197 COND 198 COND	OR AS A CONSEQUE ONTRIBUTING TO I ONTRIBUTI ONTRIBUTING TO I ONTRIBUTING TO I ONTRIBUTING TO I ONTRIBUTING T	OPERATIO	21c HOW INJURY OCCUP THE LOCATION 119 19 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOT	20b. IF YIN CERT IN CERT Y	ES, WERE FIND IFYING CAUSE (ES	INGS USEES S OF DEAT NO [

THE THE PERSON OF THE PERSON O ANSIOL FOOL OF VERY STORY FREE WATER 80 201 3 . THE THE REPORT OF THE PERSON OF T Maritin Land Street Street Land Street V. EDGENG MAZZOGGO, P.D. CHG. CLG STOTE DRIVE, CONSERLAND, MOST . 18285 Fe & Chilly

	FOR						
1	STATE						
	REGISTRAR	ı					

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

3	1	7	9	6	8
0	1		Gen	0	V

REGISTRAR		CERTIFICATE OF DEA	ATH REG. NO.	
DECEASED NAME FALL	WEDLE	TASE	In DATE OF DEATH MO	7:45
ANNA	ALICE	BURKE	JULY 12, 198	
SEX	4. RACE	5. DATE OF BIRTH	& AGE (IN TEAMS LAST BIRTHOL	FUNDER I TEAR FUNDER 24 HES
FEMALE	WHITE	June 18 19	71 71	VRS.
E BIRTHPLACE (STATE OFFOREGA COUMED AND	Th CITIZEN OF WHAT COUN	MARRIED LI NEVER MAI	REED ALLEGANY	OUNTY OF DEATH
CUMBERLAND	MEMORTAL HOS	RSING HOME OF OTHER INSTITU	And the second s	13h KIND OF BUSINESS OR
SUAL RESIDENCE IN HURLING PARK OF STATE WEST VIRGINIA MI		TOWN THE INSIDE CITY	51 JONES ST	. 99999
FATHER'S NAME	widole (A)	15. MOTHER'S M		LABE
VM.	CLAYTON	LIL		HARTMAN
WAS DECEASED EVER IN U.S. A	HMED FORCES? 146 SOCIAL:	-4190 ELLIS	BURKE PIEDMONT,	W.VA.
PART 2. OTHER EIGHERICANT THE DATE OF OPERATION THE ACCIDENT WAS UNDERSTRAGE	I piblice	HE HOPERATION WAS PERFORM		IL IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
OR CONCERNATION TO CAUSE OF SE	AIH HOUR A.M. MONTH	DAY YEAR	WY OCCURRED (INTER-section) OF WILLIAM	YES NO D
IN ETHER HOTEVILLE EXAMINE 714 PHURY OCCURRED WILL DISTRIBUTE AT WORK AT WORK	21s. PLACE OF INJURY (AT HOME, STREET, FACTORY OF	211 LOCATION	CITY DR TOWN	CONTR STATE
22s.1 certify that () (this hosp saw the deceased alive a above, (i) (we) (did) (did a	otterled the desound to	10 5 3 and the inches it ou	19_0 5_ to f yell in apinion death occurred by the dogg	17. OCT OF DESCRIPTION OF THE PROPERTY OF THE
THE SIGNATURE	1 Mills	DEGREEN THE	Noing MEDICAL STAFF	4 4 4
DR. F. W. MIL			122 S. Centre Stand, Maryland	21502
BURIAL CREMATION, REMOVA	7/35/83	PHILOS CEMETERY OF CHE	MATORY 234 LOCATION	. ALLEGANY MD. STAN

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR. shauld be detached for un with the State Dept. of He IMPORTANT, # He

TO HOSPITAL

BP.

BOALS FUNERAL HOME WEST westernfört, maryland

VESTERNFORT, ALLEGANY MD.

1111 1 8 1983 John & Court

PRINCIPLE BUILDING THOM 12/04/04 3 2 2 2 12 To March 1985 TO THE LEFT TO THE PARTY OF THE LEFT OF TH

4 /	14.5	
V		
A		
9		
1		

by the funeral director page 3 filed within 72 hours ofter death

within 24 hours ofter

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 2 6 9

	REGISTRAR			CERTIF	CATE OF I	PEATH	REG	NO.		
	CEASED NAME FIRST		MIDDLE	i.	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	CH	ARLES	RAYMOND	BUR	(EY		1 3 3 3 1	07 2	9 83	1134AM
3 SEX		4 RACE		5. DATE O			6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	
	MALE	CAU	S.	MONTH 7	18	04	79	YRS.	MONTHS DATS	HOURS MIN
70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CIT		Y OF DEATH	1
	MARYLAND		USA	WIDOWE	NEVER /	VORCED [ALLE	GANY CO	UNTY	MD
10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	IG HOME O			120 USUAL OCCUP	ATION	126 KIND C	OF BUSINESS OR
	JMBERLAND	ME	MORIAL HO	SPITA	L		RETIRI	ED WORKING LI	FE) INDUSTRY	s news
USUA 130 S	AL RESIDENCE (IF NURSING HOME STATE 13b CC		GIVE RESIDENCE BEFORE		13d. INSIDE C	ITY HAAITS?	13e STREET ADDRES		Newsp	aper
	MD. A	LLEGANY	CUMBERL	AND M	YES	NO 🗌	620 F/	AIRVIEN	AVEN	JE 2/50.
14. FA	THER'S NAME	MIDDLE	LAST	- 1		S MAIDEN NA			LA	ST.
	JAMES F. BUI	RKEY				MARGARI	ET E. MILL	S		
160 V	VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT THE	MEMORIALAT	ADSPITA	L	
	1,000	CITE THAN ON DATES!	214-05-	5418	CUN	BERLAN	ID MD	21502		
	18. CAUSE OF DEATH. Enter PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate couse (oil, stating the	DUE TO, C	R AS A CONSEQUE	ENCE OF	ılır	en	ful		(T	DAATE ROTEFOAL SHIELD AND DEATH
CERTIFICATION	underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION		ONTRIBUTING TO I				NINAL DISEASE OR CO	20b. IF YE	S, WERE FINDII	NGS USED
TIFIC							YESTO MO		FYING CAUSES	NO T
EDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	DE INJURY M. MONTH DA M.	Y YEAR	21c HOW IN	JURY OCCUR	RED (ENTERNATION OF	100Y IN ITEM 18	PART I OR PART 2)	
MEDI	WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET FACTORY OFFICE, F	ARM ETC :	211 LOCATION STREET	ON C	2 CITY DE	TOWN	COUNTY	STATE
	279.1 certify that (I) (this has saw the accessed live above. (I) we idid taid	0110	1	9		(out) opinion	deoth occurred on the	dote and hou		
	STATE ME	6	~	M	N		MEDICAL S' DIRECTOR PHY	TAFF SICIAN []	7 2	SIGNED 9 83
	27d. PHYSICIAN'S NAME (TYP				22e ADDRES					502
	DR G. FISC	.05		511	MEDI	CAL BU	ILDING (ME	M BLDG) CUMBE	RLAND MD
23a B	URIAL, CREMATION, REMOV BURIAL	23b DATE 8/1/8			METERY OR C	REMATORY	23d LOCATION CUMBER	LAND. A	LLEGAN	Y MID TATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the buriol-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

DHMH - 16 50M 1/81 (VRA 15, 4)

etoined by the hospital or attending physician. ATTENDING

TO HOSPITAL

BP.

8/1/83 24 FUNERAL DIRECTOR JAMES F. SCARPELLI, CUMBERLAND, MD. CUMBERLAND, ALTEGANY, MD."

250 DATE REC'D BY REGISTRAN 250 REGISTRAD'S SIGNATURE AUG 12 1983

the state of the s requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The law etained by the haspital or attending physician injury, ar other traumatic event, the

MPORTANT: If them 21 is marked at them 18 shows any

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remayal.

BOALS FUNERAL HOME FOR STATE 111 CHURCH ST. ned by the ottending physician and campletely filled in by the funeral director, p please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after unial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT WHEALTH AND MENTAL HYGING

2 7

	REGISTRAR WES	TERNP	DRT. MD		CEICLI	TERTE OF BERTH	REG.	NO.		
	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
{ TYPE	OR PRINT)	DEWE	1	HAROLD		BUSKIRK	JULY 31,	1983	KIT I	3:25 P,
3. SE)			4. RACE			OF BIRTH	& AGE (IN YEARS LAST !		MONTHS DAYS	
	MALE		WHIT	£	AUGU		57	YRS.	MONTHS DAYS	HOURS
	RTHPLACE ESTATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	DE NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
,	MD.		USA		WIDOW		ALLEGANY	COUNT	Y	MD
10. CI	TY OR TOWN OF DE	ATH				OR OTHER INSTITUTION	12ª USUAL OCCUPA			OF BUSINESS OR
CUI	BERLAND		SACRE	ED HEART I	HOSPI	TAL	LABORER	OF WORKING LIF		RUCTION
	AL RESIDENCE (IF NUR	13b. COUN		GIVE RESIDENCE BEFORE		1134. INSIDECITY LIMITS?	13 STREET ADDRESS		215	39
100	MD		LEGANY	LONACONI		YES NO	66 WATER	STATIO	N RUN	2
14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA				
	JAMES		WEY	BUSKIRK		ROSE	WIDDLE		ELKIN	
	AS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESS		
(1	es, no or unknown)	(IF YES, GIVE	WAR OR DATES	220 16 6	056	JANE BUSKIF	RK LONAC	ONING,	MD.	
	18 CALISE OF DEAL	TH (Enter on	v ane cause her	line for (a) (b) and	die	,				XIMATE INTERVAL
	18 CAUSE OF DEAT PART I. DEATH V			Zanin St	tem !	Hemos shaf	e_		Belliman	ONSET AND DEATH
	222	IMMEDIAT	E CAUSE (a)	solum -		- 0	Se 1/0100	1.200		
	322	7	DUE TO, O	R AS A CONSEQUE		2 1 0 0 11 0/	100000	(1// /		
	Canditians, if any		(b)_	Lun	8 9x		ree 115			
	cause (a), stati	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF	brain Tune	1. Recect	20		
	underlying cause	e last.	((c)	Bosegsi	cull t	plan four	, , ,			
	PART 2 OTHER SIG	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIV	VEN IN PART 1	la
O	Bacin	Tun	MR P	roded i	the	Sase of The	stull			
AT	198. DATE OF OPERA				OPERATIO	N WAS PERFORMED	20s AUTOPSY?		S, WERE FINDI	
CERTIFICATION	7/3/83	3	lem	oval of	bon	e thap	YES NO		FYING CAUSES ES 🔂,	S OF DEATH?
8	210. ACCIDENT WAS UN		216. TIME C	M. MONTH DA	YEAR	216. HOW INJURY OCCUP	RED (ENTER NATURE OF IN	IURY IN ITEM TO I	PART I OR PART 2)	
4	OR CONTRIBUTING		(P)	M.	19					
MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		21f LOCATION			COUNTY	
M	WHILE NOT W	HILE DRK	(AT HOME ST	REET, FACTORY, OFFICE, F.	ARM, ETC)	STREET	CITY OR	OWN	COUNTY	STATE
	220.1 certify that ()) (this haspit	al) attended th	ne deceased fram_		, 19	, ta		19	that (I) (we) last
	saw the decease abave, (I) (we) (sed alive an	Visioni alea lendu	19	, o	nd that in (my) (our) apinion	death accurred an the	date and hav	or and fram the	causes stated
	226. SIGNATURE	(dra) (dia hai) view the budy	arrer deam		DEGREE			22c, DATE	ESIGNED
- 1	KI.	ada,	Arch	L00	A	ATTENDING PHYSICIAN		AFF	11/2/	83
	774 PHYSICIAN'S N	AMÉ LTYPE OL	PRINT	ME	/\	PHYSICIAN	DIRECTOR PHYS	ICIAN	17 3/1	0)
			ER,M.D.			MEMORIAL MED	TCAL BLOG	CUMBE	RI AND N	1D. 21502
22a B				122. A	LAME OF C	CEMETERY OR CREMATORY	123d LOCATION		10110	- 122732
	URIAL, CREMATION SPECIFY) BURIAL		23b. DATE	and the second s			CITY OF TOWN	IDC AT	COUNTY	STATE
	DUILLAL)	AUG. 2	2,1983 FR	OSTBU	RG PENURLAL E	PARK FROSTB	JKG AL	LEGANY	MD.

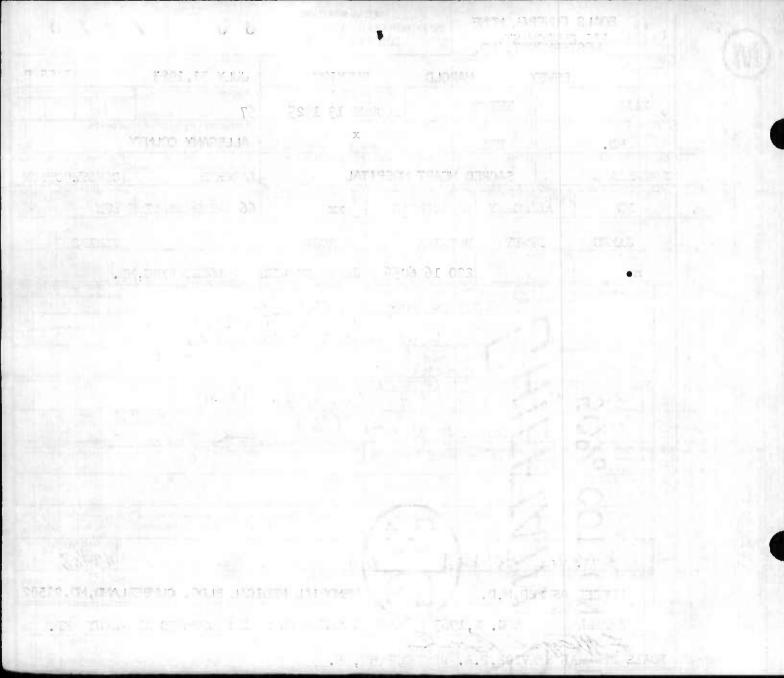
DHMH - 16 50M 4/82

(VRA 15, 4)

BP.

BOALS FUNER FUNERAL SERVICE, P.A. WESTERNPORT, MD.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



i rector, page 3 urs ofter death

within 24 hours ofter death. Page

death certificate be

O HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE

7 271

		REGISTRAR			CEKITI	CATE OF D	EAIH	REG. N	0.		
1		CEASED NAME	FIRST	MIDDLE	L	AST		20 DATE OF DEATH		AY YEAR	26 HOUR
	TYPE	OR PRINT)	INA	SCHRAMM	BY	RNE		July 1,	1983		7:15 M
	3. SE	X	-	4 RACE	5. DATE C			6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
Č.		Female		White	Jül	y 24,	1909	73	YRS.	ONIHS DAYS	HOURS MIN.
n =		RTHPLACE (STATE)	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	□ NEVER M	inner 🗆	9. BALTIMORE CITY	RCOUNTY	OF DEATH	
C	Í	Maryland	1	USA	WIDOWE		ORCED	Alleg	any		MD.
10	1	ty or fown of t umberland		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A MEMORIAL HOS	ADDRESS)	R OTHER INST	ITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)		INDUSTRY	ucation
	USU	AL RESIDENCE (IFN	DESTRUCTION OF	HER INSTITUTION GIVE RESIDENCE BEFORE		ANA MISIRE CI	TV 14.1750	13e STREET ADDRESS	LELLIE		
5		aryland	1 60 0	egany LaVale	N	134 INSIDE CI YES 🔀	NO [land	Stree	t 21502
10		ATHER'S NAME FIRST		MIDDLE LAST			MAIDEN NAM			Pea	
-		VAS DECEASED EV	RINII S AF	Schramm MED FORCES? 166 SOCIAL SECUI	RITYNO	17 INFORMAL	dad 'will	AADA	665-y +		
1		YES, NO OR UNKNOWN)		ve WAR OR DATES) 217-54-			mothy	Byrne Si			1 Road
		IS CAUSE OF DE	ATH (Enter o	nly one cause per line for (a), this one	Freihit 1						IMATE INTERVAL ONSET AND DEATH
	- 31	PART I. DEATH	WAS CAUSE	ED BY: TE CAUSE (o)	Tie	Lulu	n			20)
		3030	IMMEDIA	14/1				* ***			N. III - Or III
		Conditions, if ony, which (b) alcohol abers								Me	
		gove rise to	mmediate	10)		0000				1	
		cause (a), sta underlying con		DUE TO, OR AS A CONSEQUE	NCE OF						
		DARK 2 OTHER S	CAUSICANIA	CONDITIONS CONTRIBUTING TO D	E A TALL BLUT	NOT BELATED	TO THE TERM	ANALDISTASS OR CON	IDITION CIVE	NUMBER OF THE	
	Z	PART 2 OTHER ST	GNIFICANT	CONDITIONS CONTRIBUTING TO D	ZEATH OUT	NOT RELATED	TO THE TERM	MAL DISEASE OR COI	IDITION GIVE	IN IN PART III	
7	CERTIFICATION	19a. DATE OF OPE	RATION	196 CONDITION FOR WHICH	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED						
1	TIFIC							YES NO YES NO NO			
7	E. E.	21a. ACCIDENT WAS	-	THE PARTY OF THE PARTY OF	Y YEAR	21c. HOW IN.	JURY OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT I OR PART 2)	
1	¥ S	OR CONTRIBUTING	_	AIR	19						
	MEDICAL	21d. INJURY OCC	JRRED	218 PLACE OF INJURY	1011 515 1	21f LOCATIO	N	CITY OF TO	OWN	COUNTY	STATE
	2	WHILE NOT AT	WHILE	(AT HOME, STREET, PACTORY, OFFICE, PA	ARM ETC.)	3.46					
	10	220.1 certify that	(1) (th)s hasp	ital) attended the deceased from	6-	10	. 19_83		1	9.53	that (1) (we) last
		sow the dece	ased give an	of Jiew the bady after death.	CZ, or	id that a (my)	(our) opinion o	death accurred on the c	late and hour	and from the	causes stated
		22h. SIGNATURE		11	7	DEGREE				22¢ DATE	SIGNED
		(6750	llen	9		TTENDING HYSICIAN	MEDICAL STA	CIAN [2/	0483
	1	228. PHYSICIAN'S	NAME (TYPE	OR PRINT)		220. ADDRES	S			-	1
		Dr. Ant	hony I	Bollino		955	Freder	ick Street	, Cumbe	erland,	, MD
		BURIAL, CREMATIO	N, REMOVAL	. 23b. DATE 23c N	AME OF C	EMETERY OR C	REMATORY	23d LOCATION		COUNTY	STAIF
		Burial		July 3, 83 St	unse	t Memo	rial	Cumberl	and A	llegar	0.00
	24 F	UNERAL DIRECTOR			7. 19			E REC'D. BY REGISTRAL	256 REGISTR		
	Jo	ohn J. H	afer.	Jr. LaVal	e, Ma	arylan	d	UL 7 198.	11-	mode	shulfe
-											

DHMH - 16 50M 4/82

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

NAME Hafer, Jr. (VRA 15, 4) John J

Side of the late o to a Leith was 1 Than All range II. The freehalf I was one was not less in with

		REGISTRAR CUMBERLA	(10)	MIDDLE		AST DEATH	REG. N		AY YEAR	26 HOUR
9 60	TYPE	JOHN	WILLIAM	1 COLLI	NS		JULY 12,	1983		10:20Am
sector. Personer a	3 SE	× Male	4 RACE Whi	te	5. DATE O	31, 190 2 AR	6. AGE (IN YEARS LAST BIR		FUNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
neral direction 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OI	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DIORCED	9. BALTIMORE CITY OF ALLEGANY	No.	OF DEATH	MD
s ofter d	11.	umberland	LIF NOT IN SL	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET DHEARTH	ADDRESS)	AL	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST O Retired	ON OF WORKING LIFE)	126 KIND OI INDUSTRY Mini	ster
filled in sould be.	13e. S	AL RESIDENCE IN NURSING HOME STATE 130 COL	or other institutio JNTY neral	13c. CITY OR TOW Fort As	N	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS	9	999	9
mpletely and 2 sh	14. FA	ATHER'S NAME	on Coll	ins		15 MOTHER'S MAIDEN NA FIRST	Martha Ja		er	
Pages 1		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (# YES, (ARMED FORCES? DIVE WAR OR DATES)	236-18-		Mrs. Elsie	Collins, F			
es that the death certificate ned by the attending physic please remove carbon pape urial, cremation, ar removal v, ar ather fraumatic event, t		18 CAUSE OF DEATH (Enter PART). DEATH WAS CAUSE AND IMMEDITED AND Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, (b)_	Ctreby ORAS A CONSEQUE	NCE OF	Vascul	an Accid	lent	20	MATE INTERVAL DISET AND DEATH day S
	CERTIFICATION	PART 2 OTHER SIGNIFICAN				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
ING PHYSICIAN: The law require ratending physician. After this certificate has been sign as the buriot-transit permit. Then and Mental Hygiene prior to be locked or them 18 shows any injury.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH DA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	YES		NO 🗆
ING PHYSICIAN: r attending physician defection as the buriol-transition ith and Mental Hybrided or tem 18	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACI	P.M. E OF INJURY STREET, FACTORY, OFFICE, F	ARM ETC }	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
OR ATTEND he haspital or DIRECTOR: A coched for use to Dept. of Head of the property of them 21 is market to the property of t		220 I certify that (I) (this has saw the deceased alive oby (I) (we) (did) (did	7-	12 19 2	6 · · · · · · · · · · · · · · · · · · ·	nd that in (my) (aur) opinian DEGREE ATTENDING	death accurred an the d	FF _		
TO HOSPITAL retained by the TO FUNERAL should be det	23a. I	220 RHYSICIAN'S NAME TYPE PAUL TO BURIAL, CREMATION, REMOVA	LIV	EN 600D		PHYSICIAN J 220 ADDRESS BMG-912 SETO EMETERY OR CREMATORY	N DR, CUMBE		MD.21	
249877		Burial	7-16			er Cemetery	Petersb			STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME James F.S					TE REC'D. BY REGISTRAR			

27 11 00	THE RESERVE OF THE PROPERTY OF THE PARTY OF	
And the Table Table Table	PORTED CATTLE	
and of Access to Service	15031 .T .no of 1502	-18
YTHOU MINDLEY		IntentVineV
mediated to the second	TALLESO LANGE CALLEY	
	s without them I desent t	.=2 .2 .12
grant stat affect	nolffol reserv	10
Joilie, Cart Amily, W. Ve. Wife		
	THE CLOSE STATE OF THE PARTY OF	
	yer sent manifely garden to my	
	SS(IS.n) designate Illograph.	esci.

		1	U	
1	7	1		
Y		/		

- STATE CERTIFICATE OF DEATH REGISTRAR CUMBERLAND, MD 1. DECEASED NAME 20 DATE OF DEATH TYPE OR PRINTS AL BERT COMER. 1983 1 SEX 4 RACE 5 DATE OF BIRTH MONTH White Jan. 21. Male BIRTHPLACE ISTATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY ALLEGANY COUNTY. Maryland TISA DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17ª USUAL OCCUPATION Stock Control SACRED HEART HOSPITAL Cumberland Courcinston WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION Mineral 13e. STREET ADDRESS 13c. CITY OR TOWN est Virginia Fort Ashby Sunrise Heights 15 MOTHER'S MAIDEN NAME FATHER'S NAME Albert L. Comer Blanche Wilson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 17 INFORMANT YES NO OR UNKNOWN) 217-42-6504 Mrs. Judith A. Comer. Fort Ashby. W. Va. 18 CAUSE OF DEATH (Enter only one couse per ling-for (o), (b), and (c) PART I DEATH WAS CAUSED BY: ena IMMEDIATE CAUSE (a) A CONSEQUENCE OF Melanoma etastatic Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? Shopes NOD YES T 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 716 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER, NOTIFY MEDICAL EXAMINER) 19 50 714 INJURY OCCURRED 71e. PLACE OF INJURY 111 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE NOV 270.1 certify that (1) (this hospital) attended the deceased from_ July 22 sow the deceased alive an_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 276 SIONATURE DEGREE mo ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN * be detor FUNERAL 2000 MPORTANT. 274 PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS ld b BMG, 912 SETON DRIVE CUMBERLAND, MD 21502 PAUL LIVENGOOD, M.D. shoul 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE Burial Frot Ashby, W. Va. 7-26-1983 Fort Ashby Cemetery 24 FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE

76. HOUR

176 KIND OF BUSINESS OR

LAST

Tire Industr

NO [

STATE

STATE

COUNTY

22c DATE SIGNED

IS LINDER 24 HOS

IF UNDER 1 YEAR

INDUSTRY

SCARPELLI FUNERAL HOME

108 VIRGINIA AVENUE

DHMH - 16 50M 4/82 (VRA 15, 4)

S SEATHER SEA SEA AT THE TRAIT OF MILE OF THE ALLEGARY COUNTY, getains with fortion some JACTER HEART HISPITAL and the state of the same TORON ... STREET ATT. ANTERIOR OF THE PARTY OF T SOSTE THE CONTRACTOR TALL SOLET, BUT AND PAUL LIVENGOOD, M.C. THE PERSON NAMED IN COMPANY AND POST OF THE PERSON NAMED IN CO. James durantil hassar in 19.

		EASED NAME FIRST	ST VIRGINIA	LAST	REG. NO. 20. DATE OF DEATH MONTH DA	Y YEAR 25 HOUR
	TYPE (AUDREY	ELEANOR CORB	TN	JULY 21, 1983	12:0
3.	SEX	Female	White	S. DATE OF BIRTH OCT 14, 1918	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HE
8	. BIR	THPLACE (STATE OR FOREIGN DUNTEY) Va.	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF ALLEGANY COUNTY OF	
5/	C	umberland	(IF NOT IN SUCH FACILITY, GIVE STREET A	HOSPITAL	12a USUAL OCCUPATION (TOPOS WORK FOR MOST OF WORKING LIFE) HOMEMAKET	126. KIND OF BUSINESS O
11		W.Va. Min	rother institution, give residence before NTY is city or tow Keyser	YES NO	134. SREET ADDRESSOX 231	99999
27			MIDDIEH. Biser	Virgle	MIDDLE Fle	ek LAST
medico.		AS DECEASED EVER IN U.S. AR 5, NO OR UNKNOWN) (IF YES. GIV NO	(MED FORCES? 166 SOCIAL SECU (WE WAR OR DATES) 216 72		bin Rt 1 Keyser	
event, th		PART I. DEATH WAS CAUSE	nly ane cause per line far (o), (b), and (b) BY: TE CAUSE (a)	Me bas fasio	# - TS	RETWEEN ONSET AND DEAT
other troumotic		Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) CONSEQUE DUE TO, OR AS A CONSEQUE	: noma	mg	2 much
injury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	N IN PART I(a)
×	TIFICATION	PART 2 OTHER SIGNIFICANT (EATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
18 show injury,	CERTIFIC		19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR	20a AUTOPSY? 20b. IF YES, IN CERTIFYI	WERE FINDINGS USED NG CAUSES OF DEATH?
18 show injury,	N N	98. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21f. LOCATION	200 AUTOPSY? 20b. IF YES, YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH?
18 show injury,	MEDICAL	98. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTHS MEDICAL EXAMINE) 216. INJURY OCCURRED WATE AT WORK 278. I certify that (I) (this hosp) saw the deceased olive an	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21f. LOCATION 51REE1	208 AUTOPSY? 20b IF YES, IN CERTIFYI YES NO PER NATURE OF INJURY IN ITEM 18 PAR	WERE FINDINGS USED NG CAUSES OF DEATH? \[\text{NO} \] \[\text{T OR PART 2} \] COUNTY STATE
: if item 21 is morked or item 18 incoming injury,	MEDICAL	98. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTHS MEDICAL EXAMINE) 218. INJURY OCCURRED WHILE NOTH WHILE AT WORK AT WORK 228. I certify that (I) (this hosp) saw the deceased olive an above, (I) (we) (did) (did no	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F. 11) view the bady after debth.	OPERATION WAS PÉRFORMED 21c. HOW INJURY OCCUR 19 21f. LOCATION STREET DEGREE ATTENDING PHYSICIAN [5]	208 AUTOPSY? 20b IF YES, IN CERTIFYI YES NO PER NATURE OF INJURY IN ITEM 18 PAR	WERE FINDINGS USED NG CAUSES OF DEATH? \[\text{NO} \] \[\text{T OR PART 2} \] COUNTY STATE
18 show injury,	MEDICAL	98. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 218. INJURY OCCURRED WHILE NOT WHILE AT WORK 228. I certify that (I) (this hosp) saw the deceased olive an above, (I) (we) (did) (did not 22b. SIGNATURE) 228. PHYSICIAN'S NAME INVECTOR	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F. 11) view the bady after debth.	OPERATION WAS PÉRFORMED 21c. HOW INJURY OCCUR 19 21f. LOCATION STREET 2 and that in (my) (aur) apinian DEGREE ATENDING	200 AUTOPSY? YES NO NET YES, IN CERTIFY! YES ON THE YES OF INJURY IN ITEM 18 PAR CITY OR TOWN CITY OR TOWN MEDICAL STAFF	WERE FINDINGS USED NG CAUSES OF DEATH? NO TORPART 2) COUNTY STATE COUNTY STATE COUNTY STATE COUNTY STATE COUNTY STATE

STATE OF MARYLAND

ROTRUCK FUNERAL HOME

MISSOO THAS IT VINCES .d.s large wars la THE SEAST CHARGEST CHARGETY AND SEE the Lead responsible of the state of the sta The second of th

		11		
	1	1	1	
1	1	0		

nding physician and campletely filled in by the funeral direct carbonpapers. Pages 1 and 2 should be filed within 72 hours

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other troumotic event, the medical

ding physicio

TO HOSPITAL OR

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF D	EATH	REG. I	NO.		
1. DECEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	EDNA	L	•	(CROCK		July	28,	1983	10:05 A.M
3. SEX		4 RACE		5. DATE O		VEAR	6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS DATE	IF UNDER 24 HRS
Female		Wh:	ite	~8°1	124	98	85	YRS		
To. BIRTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	8 AAADDIE	D NEVER M	ADDIED T	9. BALTIMORE CITY	OR COUN	TY OF DEATH	
West Vi	rgini	uS.	A	WIDOWI		ORCED	Allegan	V		MD.
10, CITY OR TOWN OF		11. NAME OF	HOSPITAL, NURSIN		OR OTHER INST	ITUTION	120. USUAL OCCUPA	TION		OF BUSINESS OR
Cumberland			ial Hospi		Medica	1 Ctr.	Housew.	ife	LIFE) INDUSTRY	ome
USUAL RESIDENCE (#	NURSING HOME OR		GIVE RESIDENCE BEFORE		1 13d. INSIDE CI	TV HAAITS2	1124 STREET ADDRESS		2	1000
Maryland	Alle	egany	Oldtown	1		NO X	Route	#1 B	ox 348	
14. FATHER'S NAME	-	MIDDLE	LAST		15. MOTHER'S		ME			
James		E.	Hartman	1	P	lartha			Roede	er
160 WAS DECEASED E			166 SOCIAL SECU		17 INFORMAL		ADD			
TYES, NOOR UNKNOWN	(# YES, GIV	E WAR OR DATES)	212-74-6	326	John	R. Cr	rock - as	abor	ve 2'	1555
18. CAUSE OF D	EATH (Enter on	ly one couse pe	ne la split fine	104. 4	1.	77			APPRO) BETWEEN	XIMATE INTERVAL
PART I. DE AT	H WAS CAUSEI	D BY: E CAUSE (a)	MANO	1/264	mound!	MM	UYU			
4149	7	DUE 10: 0	Jud Sept	N	11. 11	0116)			
Conditions, if	ony, which	(ib)	WHITTAL	404	u '	m				
gove rise to couse (o), st		DUE TO, C	RARCHAETU	NCE OF	A					
underlying co	ouse lost.	(c)_	1711	-11	ange	001,				
PART 2 OTHER S	SIGNIFICANT C	ONDITIONS	ONTRIBUTING TO	ATH BU	MOTRELATED	TO THE TERM	INAL DISEASE OR CO	NDITION C	IVEN IN PART 1	10
CATION DATE OF ONE	M	CVI	/ (V.	イナー	107				
NO DATE OF OPE	ERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	29s AUTOPSY7		ES, WERE FINDI	
E					-		YES NO	_	YES 🗌	NO 🗆
TORK CONCERNATIONS	The second secon	Control of the Contro		Y YEAR	ZII. HOW IN	JURY OCCURS	RED (ENTER NATURE OF IN	DEC INVESTOR IS	E. PART (CR. PART 2)	
O (# tither, Notion	HEDE IL EXAMINER	, p	.M.	19					9 10 10 1	
THE INJURY OCC	PHASE CONTRACTOR		OF INJURY	1	THE LOCATIO	104	Ann	gan .	countr	57478
AT WORK	MON.	100		hel	1. 111	Cd	2 My	4 71	90	
27s.1 certify the	I (this hospit	The state of	he grand from	sym	4/1	19	to How	700	10.00	that (II (we) last
	filled stive on	with the body	affer death.	- 0	· Something	out opinion	death accorred on the	ofer and h		
27h SIGN PURE	1300	1	100		DEGREE	TTENDING	_MEDICALST	AFF	IN PART	別居 62
	nuce	MV	(W)		P	HYSICIAN	DIRECTOR PHYS		16-	ay-00
22d. PHYSICIAN					17# ADDRESS	Memo	rial Hosp.	Med.	Bldg.	E 78113 Thor
Dr. Te	rry Wil	liams			13.77	Cumh	orland MD	2150	2	

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR John J. Hafer, Jr.

23b. DATE

07/31/83

230. BURIAL, CREMATION, REMOVAL Burial

"LaVale, Maryland AUG

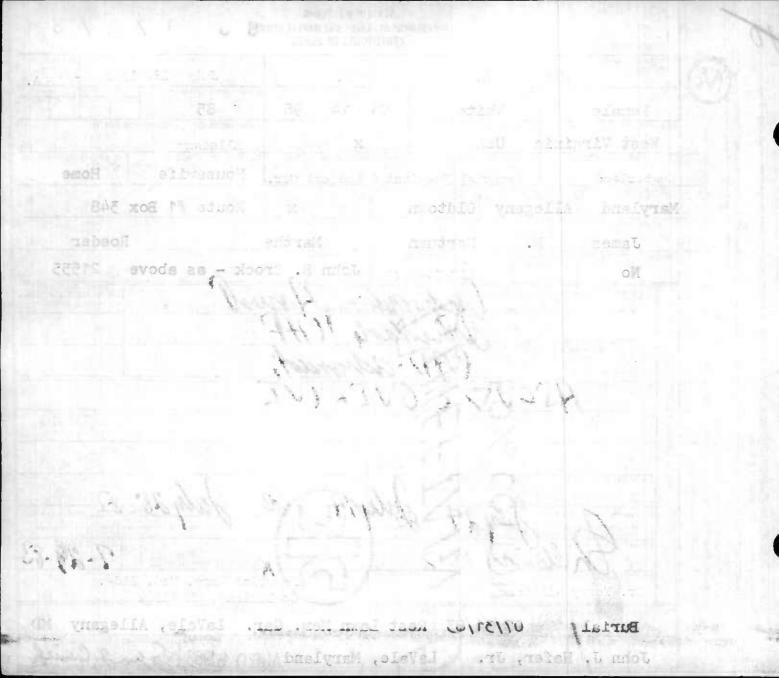
Gar

236. NAME OF CEMETERY OR CREMATORY

Rest Lawn Mem.

Cumberland, MD 21502

23d LOCATION
CITY OF LOWN
LaVale, Allegany



20	
5	
0	
Z	
RYLAP	
2	
≤ .	
2	
2	
Ö	
₹	
8 8	
:	
ST	
Z	
0	
ES	
P. P.	
3	
201	
20	
200	
Ü	
20	
A.	
1	
-	
Ö	
7	
ō	
S	
2	
0	
7	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by should be detached far use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be fill with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSKIAN: The law requires that the death certificate be executed within 24 hours, retained by the hospital or attending physician.

BP______ DHMH - 16 50M 4/8: (VRA 15, 4)

	ECEASED NAME	FIRST	MIDDLE		LAS		20. DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
		CHARLES		BERT		STON JR.	JULY 10	1983	
3. SE	Male	4. RA	White		5. DATE OF May	27, DAY 1928 EAR	6. AGE (IN YEARS LAST BE		YEAR IF UNDER 24
	IRTHPLACE (STATE OR P COUNTRY) Maryland	FOREIGN 76 CT	USA		B	NEVER MARRIED		OR COUNTY OF DEAT	н
1	umberland	(1	NAME OF HOSPIT F NOT IN SUCH FACILITY SACRED HE	TY, GIVE STREET AD	DRESS)	ROTHER INSTITUTION	120 USUAL OCCUPAT STYPE OF WORK FOR MOST OF Meat Cutte	OF WORKING LIFE) INDUS	nd of Busines STRY Oer Mark
13a.	JAL RESIDENCE (IF NURS STATE Maryland ATHER'S NAME FIRST Charl	Allegar R. Cr	y 13c. C1	SIDENCE BEFORE AL ITY OR TOWN Umberla	ind	13d. INSIDE CITY LIMITS? YES IN NO 1	NAME	ekiston Ave	2/50 LAST
	WAS DECEASED EVER		ORCES? 166 SC	OCIAL SECURI		17. INFORMANT Mrs. Anna	Pearl Hende	ESS	. Wife
	Canditions, if any, gove rise to imm cause (a), statin underlying cause	which nedicte ag the lost.	DUE TO, OR AS A (b) DUE TO, OR AS A	CONSEQUEN	ICE OF	Vascula			* WES
ICATION	Canditions, if any, gove rise to imm cause (a), statin underlying cause	which nediate g the lost.	DUE TO, OR AS A (c) UITIONS CONTRIB	CONSEQUEN CONSEQUEN BUTING TO DE	ICE OF		RMINAL DISEASE OR CON		INDINGS USED
ERTIFICATION	Conditions, if any, gove rise to imm couse (a), stating underlying couse PART 2. OTHER SIGN 196 DATE OF OPERA	which mediate ing the lost.	DUE TO, OR AS A 1b) DUE TO, OR AS A (c) ITIONS CONTRIB 9b. CONDITION F	CONSEQUEN CONSEQUEN BUTING TO DE FOR WHICH O	ICE OF	NOT RELATED TO THE TEI N WAS PERFORMED	RMINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{YES} \(\text{NORM} \)	DITION GIVEN IN PAI 706 IF YES, WERE FI IN CERTIFYING CAI YES	INDINGS USED USES OF DEATH NO
CAL CERTIFICATION	Canditions, if any, gove rise to imm couse (a), stotin underlying couse	which nediote g the lost. COND TION 1 DERLYING 2 CAUSE OF DEATH	DUE TO, OR AS A (c) UITIONS CONTRIB	CONSEQUEN CONSEQUEN BUTING TO DE FOR WHICH O	ICE OF	NOT RELATED TO THE TEI N WAS PERFORMED	RMINAL DISEASE OR CON	DITION GIVEN IN PAI 706 IF YES, WERE FI IN CERTIFYING CAI YES	INDINGS USED USES OF DEATH NO
MEDICAL CERTIFICATION	Canditions, if ony, gove rise to imm couse (a), storin underlying couse PART 2. OTHER SIGN 19e DATE OF OPERA 21e. ACCIDENT WAS UNIT OR CONTRIBUTING	which mediate programmers of the lost. IOST. DERLYING 2 CAUSE OF DEATH CAL EXAMINER) RED 2	DUE TO, OR AS A 1b) DUE TO, OR AS A (c) Ph. CONDITION P 1b. TIME OF INJU HOUR A.M. M	CONSEQUEN CONSEQUEN BUTING TO DE FOR WHICH O	ACE OF ACE OF ATH BUT N DPERATION Y YEAR 19	NOT RELATED TO THE TEI N WAS PERFORMED	RMINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{YES} \(\text{NORM} \)	DITION GIVEN IN PAI 206 IF YES, WERE FI IN CERTIFYING CAI YES THE STATE OF PARTINE STATE	INDINGS USED USES OF DEATH NO [
-	Canditions, if any, gove rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIA 21d. INJURY OCCURA	which nediote of the lost. NIFICANT COND TION 1 CAUSE OF DEATH CAL EXAMINER) RED 2 (Ithis hospitol) of the did intid on the hospitol of t	DUE TO, OR AS A (c) DUE TO, OR AS A (c) Ph. CONDITION F The Time OF INJU HOUR A.M. M P.M. The PLACE OF INJU AT HOME STREET, FAC	CONSEQUEN CONSEQUEN BUTING TO DE FOR WHICH O IRY ONTH DAY URY TORY, OFFICE, FAR osed from 19	ACE OF ATH BUT N PERATION YEAR 19 M. EIC.)	NOT RELATED TO THE TELL WAS PERFORMED 21c HOW INJURY OCCU 21l. LOCATION STREET 4 , 19 d that in (my) (our) opinion DEGREE PHYSICIAN 22e. ADDRESS	PRED (ENTER NATURE OF INJURED) TO DO DE DE DE CONTRE OF INJURED MEDICAL STA DIRECTOR DE PHYSIC	206 IF YES, WERE FINCERTIFYING CAI YES WAY IN ITEM 18 PART 1 OR PART OWN COUNTY TO THE TOTAL TH	INDINGS USED USES OF DEATH NO IT IT STA 2, that (I) (we not be coused state of the couses state of the couse of the cou
MEDICAL	Conditions, if ony, gove rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIN 21d. INJURY OCCUR! WHILE NOTIFY MEDIN 21d. ISSUE OF THE MEDIN 21d. ISSUE OF T	which nediote of the lost. (Condition of the lost) with the lost of the lost o	DUE TO, OR AS A (c) DUE TO, OR AS A (c) Ph. CONDITION F The Time OF INJU HOUR A.M. M P.M. The PLACE OF INJU AT HOME STREET, FAC	CONSEQUEN CONSEQUEN BUTING TO DE FOR WHICH O RY TORY, OFFICE, FAR osed from 19 8	ACE OF ACE OF ATH BUT N OPERATION YEAR 19 M. ETC)	NOT RELATED TO THE TELL WAS PERFORMED 21c HOW INJURY OCCU 21l. LOCATION STREET 4 , 19 d that in (my) (our) opinion DEGREE PHYSICIAN 22e. ADDRESS	PARED (ENTER NATURE OF INJURED) TO DRIVE CITY OR TO DRIVE OF INJURED OF INJU	206 IF YES, WERE FINCERTIFYING CAI YES WAY IN ITEM 18 PART 1 OR PART OWN COUNTY TO THE TOTAL TH	INDINGS USED USES OF DEATH NO IT IT STA 2, that (I) (we not be coused state of the couses state of the couse of the cou

TAMES YEAR IN testal require retting to the JATISTH TOUTH THEMS . HETTINGS Mary and Allerson American and Instruction Averaged to Company telland to the land to the lan See Joseph Cartes 1725-07-9863 New Accepton, Cambarians, M. 1856 CORE OF THE CANADIDATE OF THE EAST OF THE CASE OF THE With the state of If the let be being the be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERS

9	1	2	1	7	-7
3			2		
-		100			

1.	FOR STATE REGISTRAR			DEPARTM		ICATE OF DEATH	GIE® 3	17	2 /	1
	CEASED NAME	FIRST	MIDDI	LE		AST	20. DATE OF DEATH	ONTH DAY	YEAR	26 HOUR
() Irr	OR PRIMI)	William			Cro	owe	7/6/83			1;00p M
3. SE	X .	4 RAC			5 DATE C		6. AGE (IN YEARS LAST BIRTH	DAY] IF UI		IF UNDER 24 HRS
	Male		White			16/96	87	YRS.	N3 DATS	MIN.
	RTHPLACE (STATE OR	OREIGN 76. CIT	IZEN OF WHA	AT COUNTRY?	& AAA BRIG	D NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF	DEATH	
	Maryland	1	SA		WIDOWE		A116	ea		MD.
10 C	TY OR TOWN OF DE			PITAL, NURSIN		OR OTHER INSTITUTION	17a USUAL OCCUPATIO		26 KIND OF	BUSINESS OR
	Frostburg					Hospital	CUSTODIAN		EAINTA	LINENCE
	AL RESIDENCE (IF NORS		ISTITUTION GIVE		ADMISSION)	1 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	1301	213	332
-	Md	Allea		Frostbu		YES NO	Goodwill Me	enn Hom	ne. Gra	antsvill
14 FA	THER'S NAME	MIDDLE		LAST		15. MOTHER'S MAIDEN NA	AME		LAST	
	THORTON		CROWE			ISABEL	1	ORTON	CMST	
	VAS DECEASED EVER	IN U.S. ARMED FO		SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRES			
L'	NO	(IF TES. GIVE WAR O	N DATES!	236 03	3820	MRS. RAYMO	ND GRANDSTAFT	LONA	CONING	G, MD
	18 CAUSE OF DEAT		cause per line	for (0), (b), one	l re l				APPROXIM BETWEEN ON	ATE INTERVAL
	PART I. DEATH W	MAS CAUSED BY	SE (o)	jard1	o Re	SPIRATORY	FAILURE			
/	5070	DI	JE TO, OR AS	A CONSEQUE		,				
	Conditions, if ony	which ((b) /	ASPIR	2ATIO	N PNEUN	ONIA			
	gove rise to imi cause (o), statir	ig the DI	JE TO, OR AS	A CONSEQUE						
	underlying couse	last.	(c)							
7	The state of the s					NOT RELATED TO THE TER		TION GIVEN I	N PART 110	
Į.		oscleroj		11.40		AR DISEASE		LUN	Cy DIS	EASE
CERTIFICATION	190. DATE OF OPERA		CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WI		
RTIF		ONE					YES NO T	YES [NO 🗌
	21a. ACCIDENT WAS UN		OUR A.M.	MONTH DA	Y YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)	
CAI	(IF EITHER NOTIFY MEDI	CAL EXAMINER)	P.M.		19					
MEDICAL	21d INJURY OCCUR	1/A	E. PLACE OF I THOME, STREET, I	NJURY FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY OR TOW	4	COUNTY	STATE
	AT WORK AT WO	RK L								
	22a.1 certify that (1)	(this hospital) att	ended the de	-	JULY		10 JULY	<u>6</u>		nat (I) (we) last
	above, (I) (we) (ed olive on	the body afte	er death.		nd that in (my) (our) apinior	death occurred on the dot	e and hour an		
	226. SIGNATURE	50	1		NIS	DEGREE ATTENDING	MEDICAL STAFF		??C DATES	IGNED -
			nan	X		PHYSICIAN	DIRECTOR PHYSICI		1/	1/53
	22d. PHYSICIAN'S N.	AME (TYPE OR PRINE)		V		??e ADDRESS			,	1
	Dr.	S. XXXX	XXXXX	Chang		Frostbur	g, MD 21532			
	URIAL, CREMATION,	REMOVAL 236.	DATE	73t N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		MINEY	SLAIF,

24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 NAME Boals (VRA 15, 4)

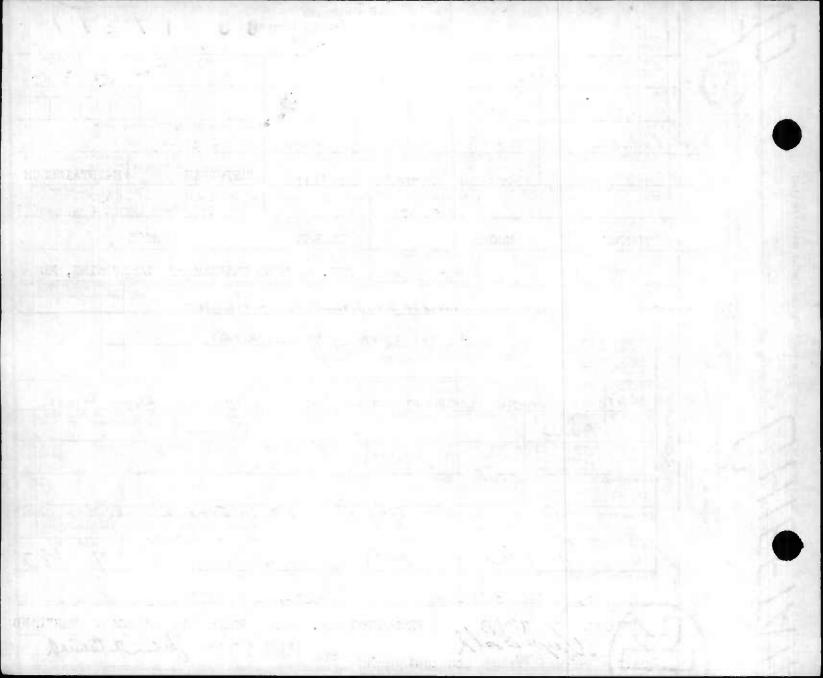
BURIAL

ADDRESS

Lonaconing, MD

FROSTBURG MEM. PARK

ALLEGANY



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physician.

		CEASED NAME OR PRINT)	FIRST	FR	ANCIS DI	GGS	AST	JULY 12, 1			6:10
	3. SEX	Male		4. RACE Whi	te	S. DATE OF	14, 1913	6 AGE (IN YEARS LAST BIRTH	MONT	NDER I YEAR	IF UNDER 2
20	7a ви	RITHPLACE (STATE OR COUNTRY Land	FOREIGN		F WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF ALLEGANY C		DEATH	
11	C	umberlar	ıd	SACRE	D HEART HO	SPITA	or other institution	Owner/Op	working life)	izb. KIND O INDUSTRY P Mot	F BUSINES
3	Ma	ryland	ATTE	other institution ITY gany	Cumber L	and		Bedford	Street	t, 2]	502
11	14. FA	John		widone.	Dig		Irene	Jane	9 4	Robe	erts
	16- 14	AS DECEASED EVER	IN III S ADI	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES			
	(4	18 CAUSE OF DEAT PART I. DEATH V LI LO Conditions, if only gove rise to im cause (a), statis underlying couse PART 2 OTHER SIG	(IF YES. GIVI TH (Enter ani VAS CAUSEI IMMEDIAT , which mediate ng the e last.	ly ane cause p D BY: E CAUSE (a) DUE TO, (b) DUE TO, (c)	er line far to the area of the consequence of the c	ere ny a	Dianna D. V. Congestive Sery dise	Wills, Cat Heart Far esse	Onsvi!	APPROXI BETWEEN (MATE INTERV DISSET AND D
a	(4	18 CAUSE OF DEAT PART I. DEATH V LIPO Conditions, if ony gave rise to im cause (a), statiunderlying cause	(IF YES. GIVI TH (Enter and VAS CAUSE) IMMEDIAT , which mediate ing the clast.	y ane cause p D BY: DUE TO, (b) DUE TO, (c) CONDITIONS	er line for the service of the servi	INCE OF	Conjective,	Wills, Cat Least Face ANAL DISEASE OR COND 200 AUTOPSY?	Onsvi!	APPROXI BETWEEN (MATE INTERVONSET AND D
7	CERTIFICATION	18 CAUSE OF DEAL PART I. DEATH V Conditions, if ony gove rise to im cause (a), static underlying cause PART 2 OTHER SIG	IF YES. GIVI IM (Enter ani YAS CAUSE) IMMEDIAT , which mediate ng the last. NIFICANT CAUSE TION DERLYING CAUSE OF DEA	y ane cause p D BY: E CAUSE (a) DUE TO, (b) DUE TO, (c) CONPITIONS 196 ON	er line for the service of the servi	DEATH BUT	Dianna D. V Congestive, Alery dise	Wills, Cat Least Far Esse INAL DISEASE OR COND 200 AUTOPSY? YES NO	ONSVII	APPROXIBETWEENS	MATE INTERVONSET AND D
7	(4	18 CAUSE OF DEAT PART I. DEATH V LIPO Conditions, if ony gave rise to im cause (a), stating underlying cause PART 2 OTHER SIG 19a. DATE OF OPERA 21e. ACCIDENT WAS UN OR CONTRIBUTING	HENTER ONLY WAS CAUSE IMMEDIAT , which mediate ng the e last. NIFICANT C LTION DERLYING CAUSE OF DEA ICAL EXAMINER RED MILE	ly ane cause po D BY. E CAUSE (a) DUE TO, (b) DUE TO, (c) CONSTITIONS 19b ON 21b TIME HOUR TH ZIE PLAC	OR AS A CONSEQUE OR AS A CONSEQUE CONVRIBUTING TO DE DITION FOR WHICH OF INJURY A.M. MONTH DA	DEATH BUT	Dianna D. V Congestive Lety deserve of the term Not related to the term N WAS PERFORMED	Wills, Cat Least Far Esse INAL DISEASE OR COND 200 AUTOPSY? YES NO	ONSVIL	APPROXIBETWEENS	MATE INTERVONSET AND D
	CERTIFICATION	18 CAUSE OF DEAT PART I. DEATH V Conditions, if ony gove rise to im couse (a), statit underlying couse PART 2 OTHER SIG PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTIFY MED 21d INJURY OCCUR WHILE AT WORK AI WC	(IF YES. GIVI TH (Enter ani VAS CAUSEI IMMEDIAT , which mediate ng the e last. NIFICANT C TION DERLYING CAUSE OF DEA ICAL EXAMINER RED WILE (this hospith and alive ani ed alive ani	ly ane cause po BY: DUE TO, (b) DUE TO, (c) CONDITIONS 196 ON 216. TIME HOUR (at HOME.	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO DEPARTMENT OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F	OPERATION AY YEAR 19	Dianna D. V Convertive Mot related to the term N WAS PERFORMED 216 HOW INJURY OCCURR 211 LOCATION	Wills, Cat Least Face ANALDISEASE OR COND 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOW	ITION GIVEN II TOD. IF YES, WINCERTIFYING YES PUTEM 18 PART I	APPROXIBETWEENS	IGS USED OF DEATH NO
	CERTIFICATION	18. CAUSE OF DEAT PARTI. DEATH V L L L Conditions, if ony gove rise to im cause (a), stating underlying cause PART 2 OTHER SIG PART 2 OTHER SIG 21a. ACCIDENT WAS UN OR CONTRIBUTING [(IF YES. GIVI TH (Enter ani VAS CAUSEI IMMEDIAT , which mediate ng the e last. NIFICANT C TION DERLYING CAUSE OF DEA ICAL EXAMINER RED WILE (this hospith and alive ani ed alive ani	ly ane cause po BY: DUE TO, (b) DUE TO, (c) CONDITIONS 196 ON 216. TIME HOUR (at HOME.	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO DEPARTMENT OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F	OPERATION 19	Dianna D. V Convertive Mot related to the term N WAS PERFORMED 211 LOCATION SIREET 19 and that in (my) (aur) opinion of the performance of	Wills, Cat Least Face ANALDISEASE OR COND 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOW	ITION GIVEN I ZOD. IF YES, WI IN CERTIFYIN YES TO HITEM 18 PART I	IN PART 1:00 ERE FINDING CAUSES OR PART 2) COUNTY	IGS USED OF DEATH NO

DHMH - 16 50M 4 (VRA 15, 4)

BP.

				THE ADDRESS	e reneg	
	44 / 1 / 6 8				70 85° 11' 1	
6:Ina	seal for Alter		THE STATE			
	70	2131,31	te Pett.	in.	Male	
	ATTENN AMERITY			Ű	Dralyhik	
Logic	Osmor/Operator M		Market Market 1	2000	Cumber Land	
20316	Deciford Street,		Cumberland	logany	La Basiyusu	
autes	lot	proti	Diggs		nelot	
	mills, Catonsville		214-07-5309 0.		oii.	
	The Late	ENROLL.	Ask Ob. 1			
		35/1	1.5%			
4-51-			AGANG VIVe			
	ACT COMMISSION OF THE LAND	1017 ta - 251		, J, M Y9,	en – ammanu	
	near Hor Johenn, Lo	diacal Co	July 12,83, 118			
	ships and half access		Surperland, ad	100	. William U.	

	27000	-94
- Ele-	0	200
	5.	7.8
	146	25
	de:	6.5
_	Di .	9.5
	.9	45 6
-		24 6
-	4	10 to 3
	0	12/
	.2	530
	9	4.5
	*	9.1
	4	44
	0	224
		200
	3	5 0
	3	2.5
		1700
	77	4.5
	17	- 9 6
	1	2.2
	*	B're
	1	N m
	-	5.6
	4	E 0
	5	9- 1
	20	- 2
	9	1.0
	4	8.6
	2	g. 0.
	15.	B C
	2	學業世
	.0	C. R. S.
	2	449
	2	P-0.5
	-	學見工
	9	23 ×
	45	285
	9	F + 5
	4	등 등 문
	-	1 6 9
	2	2 5 6
	T. 1	-
	9	220
	6:	2.0
		742
	B	2.25
	4.	0.5.0
	8	42.5
	9	15 1
	2	2 4 5
	1	455
	9	11 5 5
	8.5	2 6 6
	5.3	2.00
	1 1	4 2 2
	2 5	3 8 f
	司机	4 4 4
	C 16	THE
	3 9	8 2 5
	D.E.	2.2.4
	2.2	205
	A 4	= 9.7
	内主	1 7 0
	9.0	224
	意味	4 2 2
	100	426
	D 8	西二 工
_	F.S	200
	2.9	0-0
	9	報音节
100	55.44	27.5
	0.9	0.80
- Ou	世事	7 T. F
	2 %	300
	2.0	W + 15
	10. 10	2.0 %
	0.9	P3 £
	T. 3	. 24
	01.4	025
	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours often death. Page 4 may establed by the hospital or attending physician.	TO FUNEXAL DRECTOR, After this certificate has been signed by the offending physician and completely filled in by the funeral director, pay should be detected for use as the build from a permit. Then please remove corbon papers. Pages 1 and 2 should be (fed within 72 hours after a with the State Dept. of Health and Marmal Hygiene prior to burist, cremation, or removal.

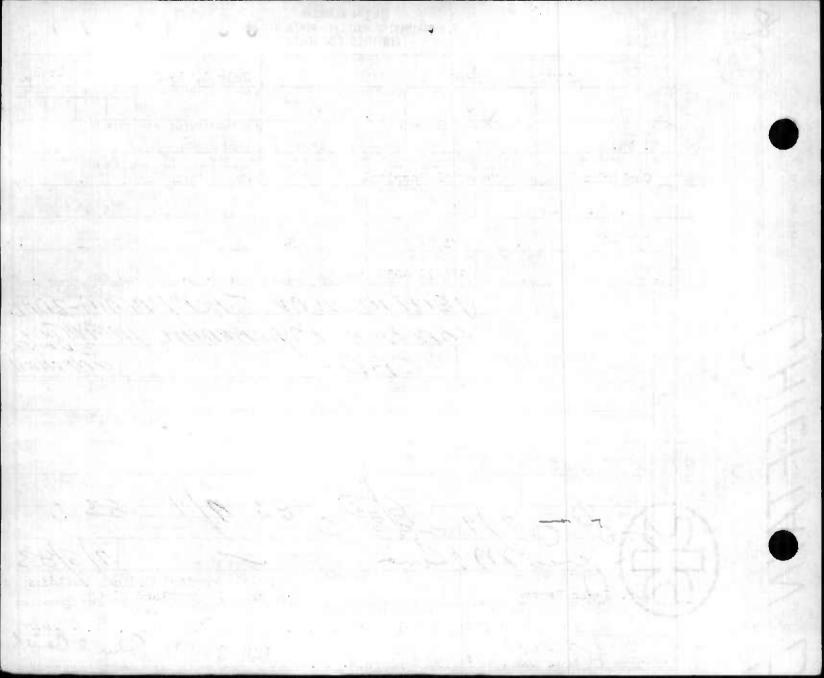
	STATE OF MARYLAND DECARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	18)
E	LAST	20. D

0)			11/2	-2	63
0	- 1		Ca		7
-		100			- 5

FOR STATE REGISTR	AR		DECAR		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO	172	7 9
I. DECEASED N	AME FIRST	MID	DLE	ı	AST	20. DATE OF DEATH		2b HOUR
(TYPE OR PRINT)	CURT	rs edw	TN	EA	TON	July 4, 19	983	8:43
3. SEX	OOKI	14 RACE	111	5. DATE C		6 AGE (IN YEARS LAST BIRT		AR IF UNDER 24 H
		172	T.	MONTH	DAY YEAR		MONTHS DA	YS HOURS M
MAL	STATE OF FOREIGN	WHIT			24, 1923	9 BALTIMORE CITY O	YRS.	
COUNTRY)		76. CITIZEN OF WI	HAI COUNTR	MARRIE	NEVER MARRIED			
W. Va		USA		WIDOWE		Allegany		
0 CITY OR TO	WN OF DEATH	(IF NOT IN SUCH F			OR OTHER INSTITUTION	12a USUAL OCCUPATION		D OF BUSINESS RY
Cumb	erland	Memo	rial H	ospita.	1	Production	Work Mf	g.
13a. STATE	134,00	UNITY IS	VE RESIDENCE BEF BL. CITY OR TO PAW PA	NWO	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS Post Off	ice Box 18	7999
ATHER'S N		6411	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		15 MOTHER'S MAIDEN NA		TCC DOX 10	1///
WHEE	ĽER	E.	EATON		BERTHA	MAE	AMBRO	LAST
In WAS DECE	ASED EVER IN U.S.		EATON 6b SOCIAL SE		17. INFORMANT	ADDRE		OE
(YES, NO OR U	NKNOWN) (IF YES,	GIVE WAR OR DATES)					D 400 D	D
YES	ww	II	234-24	-4036	Mrs Curtis Ea	aton, P. U.	Box 187 Pa	w Paw.W
PART 2 (OTHER SIGNIFICAN		ITRIBUTING T	O DEATH BUT	D- NOT RELATED TO THE TERM			
4 5	OF OPERATION	196 CONDITI	ON FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
S OR CONTR	DENT WAS UNDERLYING IBUTING CAUSE OF I	DEATH HOUR A.M.	MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2)
-	RY OCCURRED	210. PLACE OF	INJURY	E FARM FIEL	211 LOCATION	CITY OR TO	WN COUNTY	STATE
WHILE AT WORK	NOT WHILE		The service of the	16	20 0	2 1.	1 00	7
sow obov	(I) (we) (did) Mid	0 /	ter death	37-	DEGREE	death accurred on the do	22c. D	the couses stated
	James Ra				220 ADDRESS Memo	rial Hospita	al Medical	
- Comments	REMATION, REMOV		23	It. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	HAMPSA	
(SPECIFY)	BURIAL	7/7/198	4 4 5		Church Cem.	Slanesvi	lle, W. Va	STAIL
24 FUNERAL D		raan	ADDRES			TE REC'D. BY REGISTRAP		

DHMH - 16 50M 4782 (VRA-15, 4)

de cettoned by the houp



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

retained by the hospital or ottending physicion.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

		CEASED NAME FIRST OR PRINT)	G MD. 21	L502 MIDDLE	ı	AST		MONTH DA	Y YEAR	26 HOUR
		MILDR					JULY 21,			10:3
	3. SE		4 RACE 5. DATE C			6. AGE (IN YEARS LAST BIRT		NINS DAYS	HOURS A	
1		FEMALE	WHI		5/	30/11	9. BALTIMORE CITY O	YRS.	PERSON	
\$71)		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.	A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	ALLEGANY	-		
	CI	TY OR TOWN OF DEATH	SACRE[HEART H	OSPITA	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF SEAMSTRES	WORKING LIFE)	126 KIND OF	
a constant	130. S M	AL RESIDENCE (IF NURSING HOME OF STATE 138 COU	R OTHER INSTITUTION NTY	FROSTB	ADMISSION) NURG	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 62 DEPO	STRE	EET 21	530
plue	14. FA	THER'S NAME	WIDDLE	T2A I		15 MOTHER'S MAIDEN NA	ME		LAST	
ехон		ELMER	WIDDIE	RICE		NETTIE	WIDDEE		STEV	
icol	160 V	VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS MD.	21532	
med	1		A.	215-20-	5775	MR. PAUL E	DWARDS. DE			ROSTB
or other troumotic event, t		Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, O DUE TO, O DUE TO, O (b) DUE TO, O	R AS A CONSEQUE	NCE OF	restination	ur des	reac	6	
any injury, or other troumotic event, the	CATION	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if bny, which gove rise to immediate couse (o), storing the	DUE TO, O DUE TO, O DUE TO, O (c) CONDITIONS	R AS A CONSEQUE	NCE OF ENCE OF	LEST LOT LEST MULTIPLE TO THE TERM	UN DES LASKER C'S MINAL DISEASE OR CONF	20b. IF YES,	N IN PART 110	GS USED
nows any injury, or other troumotic event, the	TIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stofung the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, O DUE TO, O DUE TO, O (c) CONDITIONS	R AS A CONSEQUE	NCE OF ENCE OF			20b. IF YES,	N IN PART TO	GS USED
em 18 shows any injury, or other troumotic event, ti	AL CERTIFICATION	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, O DUE TO, O CONDITIONS CO 19b. COND The cond	R AS A CONSEQUE R AS A CONSEQUE DITION FOR WHICH OF INJURY M. MONTH DA	ENCE OF DEATH BUT OPERATIO		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINING CAUSES	GS USED OF DEATH?
rked or Item 18 shows any injury, or other troumatic event, ti	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, O DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND ATH R) P. 216 PLACE	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M.	ENCE OF DEATH BUT OPERATIO 19	n was performed	200 AUTOPSY?	208. IF YES, IN CERTIFY YES	WERE FINDINING CAUSES	IGS USED OF DEATH? NO
12 is morked or Item 18 shows any injury, or other troumotic event, ti		PART I. DEATH WAS CAUSI IMMEDIA Conditions, if bny, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE JIF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 216 TIME CO ATH R) 216 PLACE (AT HOME, STI	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	ENCE OF DEATH BUT OPERATIO AY YEAR 19 ARM ETC.)	N WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, IN CERTIFY YES IN ITEM 18 PAR	WERE FINDIN ING CAUSES COUNTY Ond from the county	IGS USED OF DEATH? NO STAT
. If Nem 21 is morked or Nem 1		PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WAITE AT WORK AT WORK AT WORK AT WORK 220. I certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did) (did no 22b. SIGNATURE	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 196 COND 216 PLACE (AT HOME, ST) (itol) ottended the condition of the conduction of the conductio	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	OPERATIO	21c HOW INJURY OCCUR 211 LOCATION STREET And that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN P	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, IN CERTIFY YES IN ITEM 18 PAR	WERE FINDINING CAUSES COUNTY 9	IGS USED OF DEATH? NO STAT
. If Nem 21 is morked or Nem 1		PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIF ETHER NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE ATWORK ATWORK 22a. I certify that (I) (this hosp sow the deceased alive or obove, (I) (we) (did) (did not 22b. SIGNATURE	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b COND 19b COND 21b TIME CO HOUR A. R) P. 21e PLACE (AT HOME, STI	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	OPERATIO	21c HOW INJURY OCCUR 21l LOCATION STREET 19 3 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	Z00 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TO: death occurred on the do MEDICAL STAF	20b. IF YES, IN CERTIFY YES IN ITEM 18 PAR wn ite ond hour of	WERE FINDIN ING CAUSES COUNTY COUNTY 220. DATE:	STATE
IMPORTANT. If Hem 21 is morked or Hem 18 shows any injury, or other troumatic event, fi	MEDICAL	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WAITE AT WORK AT WORK AT WORK AT WORK 220. I certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did) (did no 22b. SIGNATURE	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 196 COND 216 TIME C HOUR A. RI 216 PLACE (AT HOME, STI	R AS A CONSEQUE R AS A CONSEQUE THOM FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE, F offer deoth.	OPERATIO	21c HOW INJURY OCCUR 21l LOCATION STREET 19 3 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO CITY OR TO: CITY OR TO: death occurred on the do	20b. IF YES, IN CERTIFY YES IN ITEM 18 PAR wn ite ond hour of	WERE FINDIN ING CAUSES COUNTY COUNTY 220. DATE:	STATE ST

SCHEPT FAMILY FOR -N.M.Y 21, 1985 .A.S.F THE WARDELL WARDEN X 62 Pilet Spire Sa X BUSINESS crate at M.A. 217-27-5775 S. PAUL BRANTS DEROY ST. FRINKEN SOLE STEEL OF THE COMPENSANT, MY SECON THE PROPERTY OF THE PARTY AND

LAVALE. MARYLAND

STATE OF MARYLAND

HAFER FUNERAL HOME

DHMH - 16 50M 4/82

(VRA 15, 4)

JOHN J. HAFER, JR.

A Company of the second annematical conservation that Ration and the contract of the CONTENS CALLED SACRED HING LINE AND AND CONTENS CONTEN CONTENS CONTENS CONTENS CONTENS CONTENS CONTENS CONTENS CONTENS PARTY OF STATE OF STATE OF PARTY OF STATE OF STA PRILIPAL TOWNS . TO THE MENT WHITE TO A PRINCIPAL OF A PRESENTATION OF A PRINCIPAL OF A PRINCIPA ON THE BS. ELST LIST FIRE LINVALE. ALL DRIED TO .. AND THE RESERVE OF THE PROPERTY OF THE PARTY OF THE PARTY

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

40	_	
9,	(M
	1 1	0.0

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIESE 3

1	7	2	8	2
1		liva	0	d'un

1.	REGISTRAR				CERTIFI	CATE OF DEATH	REG. N	0.		
	CEASED NAME	FIRST	MIDDLE		LA	Š1		MONTH DAY	YEAR	26 HOUR
TAPE	OR PRINT)	MILDREI	IRI	ENE	FINN	IEGAN	JULY 14, 1	983		11:57
3 SE		4. RA			DATE OF		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 H
I	Temale	W	/hite		Nov.	15,1906	76	YRS	HS DAYS	HOURS
	IRTHPLACE (STATE OF	FOREIGN 76 C	ITIZEN OF WHAT	COUNTRY? 8	AAA DDIEG	□ NEVER MARRIED □	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
	West Va.	U	J.S.A.	,	WARKIED	14	Alle	gany		
10 CI	ITY OR TOWN OF DE	ATH 11. (NAME OF HOSPI	TAL, NURSING	HOME OF	OTHER INSTITUTION	120 USUAL OCCUPATE	F WORKING LIFE) H	NDUSTRY	F BUSINESS
	MBERLAND		EMORIAL H				NURSE AT	TEND.	HOSI	PITAL
13a. S	AL RESIDENCE OF NUMBER 121 502	ISB COUNTY Alleg	13t. C	SIDENCE BEFORE ACTIVE OR TOWN AMBERL		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 220 Some	rville	Ave	,#10
14. FA	ATHER'S NAME	MIDDI		1457		IS MOTHER'S MAIDEN NAM			1.5	
	John	miouti		Rice		Margery	V.		More	eland
	WAS DECEASED EVE	R IN U.S. ARMED		OCIAL SECURI	TY NO.	17 INFORMANT	Rt. ABORI	SS East	man I	Road,
	No	(IF YES, GIVE WAR		4-05-65	73	Audra Zombi		rland,		
	18 CAUSE OF DEA	TH (Enter anly an						T	BIT WITH C	ATO GHA TROS
1	IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)									
	IMMEDIATE CAUSE (a)									
	9039 DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if any, which (1b)									
	gave rise to in	nmediate		111	-			-	1.100	1000
	cause (a), stat		DUE TO, OR AS A	CONSEQUEN	CE OF					
	underlying caus	e last.	(c)							
	PART 2 OTHER SIG	INIFICANT CONE	OITIONS CONTRI	BUTING TO DE	ATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART III	1
IFICATION	UI COME LE		HE							
7 5	190 DATE OF OPER	ATION	96 CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	206. IF YES, WE			
F		150000					YES TI NOT	IN CERTIFYING		OF DEATH?
E E	21a. ACCIDENT WAS U	NDERLYING T	216 TIME OF INJU	JRY		21c HOW INJURY OCCURR			4	140
	OR CONTRIBUTING		HOUR A.M.		YEAR		(Eliter introde by 1130		G ,	
S.	(IF EITHER NOTIFY ME		P.M.		19	AV 106 171011				
MEDICAL	21d INJURY OCCU		21e PLACE OF IN.		M, ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
1	AT WORK NOT W	ORK ORK			11					
	220 certify that (1) this hospital) attended the deceased from 7-9, 19, 85, that (1) (we) last									
	saw the decea	sed phye on	w the body after	leoth 19_8	S_, and	that in (my) (our) apinian o	death occurred an the d	ate and haur one	d from the	causes stated
	226. SIGNATURE	-0	11		D	EGREE			22c. DATE	SIGNED
	6	NX	Lyn		2	ATTENDING PHYSICIAN	MEDICAL STA	FF IAN [169	wy83
	22d PHYSICIAN'S NAME THE OFFICE					22. ADDRESS 955 F1			-	-/
1	DR. ANTHO	NY J. BO	OLLINO				D, MARYLAND	2150)2	
230 5	BURIAL, CREMATION		b. DATE	123, NA	ME OF CE	METERY OR CREMATORY	123d LOCATION			
	Burial	, REMOVAL 23	7/18/8				CITY OR TOWN	- T : + + ·	YINU	STATE
		Con			сте	Capon Prim	papt. Ce	יו בודר אוי	Lenga	100/1
24 FI	NAME	George/	Upchur	ch Fur	il. I	Home, PA 250 PA	"Z 0" 1983"	A MONDO	IONAL	OKE 7
2	02 Green	e Stree	et-Cumb	erland	L. Ma	arvland				
-						V				

BP. DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director; should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

etained by the hospital or attending physician.

	French, S. Fr. New	ed All	
YAANSAA.	X	****	, 3V 789V
TALES LANGUE ALON			
fore, and elliverage oss	n beafrades	J vometia	1505 12
Maleral .V	yers ratio 1 colu	also de ti	ndo s
TE.8 LEEKNAM DOUR, C			
Ar, nors, arthritis, again, again	ris rear elitic	1	Enland.
	ch wel, loss, s. [U.	dmilyed seats	ensere are

uneral director, page 3	hin 22 hours after death	The state of the s
ampletely filled in by the f	and 2 should be filed wit	
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral different page 3	. Then please remove carbon papers. Pages 1	ar to burial, cremation, or remayal.
CTOR: After this certificate has be	for use as the buriol-transit permit	with the State Dept of Health and Mental Hygiene priar to burial, cremation, or remayal.
TO FUNERAL DIRE	should be detached	with the State Dept

medical axon

injury, or other troumatic event, the

IMPORTANT: # hem 21 is marked or hem 18 shows any

4 may be

death. Page

within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low relained by the hospital or attending physician.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGINE 3 7 2 2 REGISTRAR CERTIFICATE OF DEATH REG. NO.

8

NE O TO THE ST			REG. NO.					
1. DECEASED NAME FIRST (TYPE OR PRINT)	SELL VERNON	FRESH	July 24, 1983	DAY YEAR	26 HOUR 4:33			
	7200			IF UNDER 1 YEAR	IF UNDER 24 HRS			
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.			
Male	White	March 27, 1922	61 YRS					
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 1.	9. BALTIMORE CITY OR COUN	TY OF DEATH				
March 27, 1922	USA	MARRIED NEVER MARRIED	Allegany					
		WIDOWED DIVORCED			MD			
10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION		F BUSINESS OR			
Cumberland	Memorial HC	Spital	(III LOI WORK TOKINGST OF THE MARKET	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
USUAL RESIDENCE (IF NURSING HOME	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)		1115	1703			
130. STATE			13e STREET ADDRESS	204101	11			
Maryland Alle	egany Cumberla	and YES NO [16 Queen City	Pavemen	J			
14. FATHER'S NAME		15. MOTHER'S MAIDEN N	· · · · -					
FIRST William	Jacob Fresh	^{fir} Saral	h Ellen Metz	LAS	ī			
			ADDRESS	S1c	(e) IS			
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) JE YES								
Yes War	GIVE WAR OR DATES) 215-12-2	2088 Mrs. Lillain	n Mc Kenny, Mrs.	Alma Ke	sler			
I was a second				APPROX	MATE INTERVAL			
PART I. DEATH WAS CAL	JSED BY:	TOIDATABLE FA	111105	BETWEEN	ONSET AND DEATH			
191 - IMMED	TATE CAUSE TO CHICOTOR	SPIRATORY FA	LUKE					
4760		IENICE OF	7	0.00				
Candidan II 111	DUE 10. OR AS A CONSECU	ARDIAL INFA	RCTION)					
Conditions, if ony, which gove rise to immediate	(b) 101 G 00	11/4/100 /10.01						
couse (0), stating the	couse (a), stating the DUE TO OR AS A CONSEQUENCE OF							
underlying couse fost.	underlying couse lost. (c) Chrowic Obstructive Lung Disease							
PART 2 OTHER SIGNIFICAN		DEATH BUT NOT RELATED TO THE TER			0.			
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			Ton was a long to the second	ALC MARCH CHARA	100.00-			
S 190. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT					
E			YES NO	YES 🗍	NO			
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1216 HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 1	B PART I OR PART 21				
OR COLUMN THE CAUSE OF								
S (IF EITHER NOTIFY MEDICAL EXAM	INER) P.M.	19						
(IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY	STATE			
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET	CITY OR TOWN	COOMIT	STATE			
22s.1 sertify that (II (this he	muitall agended the deceased from.	, 19	, to	19	that (1) (we) lost			
saw the decrosed olive	on 19.	, and that in (my) (our) opinion	deoth occurred on the date and h	our and from the	couses stated			
21k SIGNATURE	none and the troop offer death.	DEGREE		22c. DATE	SIGNED			
(0)	1000		MEDICAL STAFF	111.04.1	010.125			
1 Cyc-	The state of the	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN					
QE PHYSICIAN'S MAME (IV	PE DEMINI	22e ADDRESS						
Du Torrac		Medical Bui	lding, Memorial MD 21502	Hosp.&Me	d. Ctr.,			
Dr. A. Torres								
230 BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d. LOCATION		41.05			
Burial	7-26-1983 Ro	cky Gap Cemetery	Near Flintsto	ne. Alle	eg.Md.			
24 FUNERAL DIRECTOR			ATE REC'D. BY REGISTRAR 256 REG					
24 FUNERAL DIRECTOR	ADDRESS	250. DA	4 / 5	I Con	and a			
James F.S	carpelli, Cumber	land, Md.	11 29 1983	-0-	7			

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

	AND IN IN			nist
The state of the s			0007	
vennelli			1922 LIEA	(3/2) (3/2)(3/2)
Managar vill menop of		Contestant	Allegany	annistati
marida			1 doos & mail	
o formy, For also located	otalili, ora			
ALL MY SERVE				
			12-1-	
ROTATE DESCRIPTION				
	×			
.At. roll, anothers; the		tologi. Sit-	25-0	
		t, Questrational.	Asmos.1 a	mu.

	E
	4
	Poge
•	death.
	s ofter
	hours
	24
	d within
	execute
	pe
	certificate
	death c
	a he
	floor
	sannbau
	8.0
	2
	SICIAN
	奏

egred by the attending physician and completely filled in by the fu-ture please remove carbon papers. Pages 1 and 2 should be filed with a turnal cremation, ar removal

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENG CEPTIEIC ATE OF DEATH

3	-1	 03	Q	A
0		Con	0	and a
				- 13

	REGISTRAR				CENTIL	ICAIL OI I	PLAIN		REG. N	10.		3	
	CEASED NAME	FIRST		AIDDLE		LAST		20. DATE OF D	EATH	MONTH	DAY YEAR	26 HOUR	
(TYP)	E OR PRINT)	AUL	ROB	ERT	GHO	OST		JULY				6:3	9 p_M
3. SE	×		4 RACE		5. DATE (YEAR	6. AGE IN YEAR	RS LAST BI	RIHOAY)	MONTHS DATS		HRS AIN:
-	MALE		Whit	е	6	27	1.4			69 YRS.			.,, .,
	IRTHPLACE STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	- D . 151/50	MARRIED	9. BALTIMORE	CITY		OFDEATH		
	West.Va	à	U.S	.A.	WIDOWE	D NEVER	VORCED				Allega	any	MD.
10.C	CUMBERLANI			OSPITAL, NURSING ORTAL HOS			TITUTION	12a USUALOC ITYPE OF WORK F	OR MOST	OF WORKING LIF	FET INDUSTRY		OR
USU	AL RESIDENCE (IF NUR										102000	11/1/	10
130.	Maryland	Alle		LaVale	N	YES T	NO X	13e. STREET AD		onal H	wy Apt	#N	0
14. F.	ATHER'S NAME					15. MOTHER	S MAIDEN NA	ME					_
1	August		WIDDIE	Ghost			Beatri		WIDDLE		LA	Stump	
160 \	WAS DECEASED EVER	-	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORMA			ADDR	1 00 ESS	Nationa		_
1	YES NO OR UNKNOWN)	I IF YES, GIV	E WAR OR DATES)	232-09-	3408	Maco	rii = n	Chast				_	. 4. 41
_						Mrs.	Vivian	Gnose	1	avare	,Md 215		ot#
	18 CAUSE OF DEAT PART I. DEATH V	H (Enter an	ly one cause per	line for (a), (b), and	1.19	c . l	7) .			/X	BETWEEN	NONSET AND DE	,TH
		IMMEDIAT	1 1	MIL	>=	200		2	~	-V U	140	M	
	4/4/	1	DUE TO O	R AS A CONSEQUE	HCE OF						10		
	Canditians, if any	, which	(> (b)_		1	voe	2						
Ю	gave rise to im cause (a), statis	mediate	9 7	1				71	70	1	1		
	underlying cause		Dog To, pi	R AS A CONSEQUE	ACE OF	m	6 DW	41	L	tol	1	ens	1
			(c)						-				_
z	PART 2 OTHER SIG	NIFICANT	ONDITIONS <u>CC</u>	DATERNING TO D	FAIH BUI	NO! RELATED	O TO HE TERM	IN AL DISEASE	DICON	ADITION GIV	EN IN PART 1	(a)	
CERTIFICATION		TION	Tim court	71011 500 110101	00504410	NUMBER REPORT	5.450	Ten. 41/25/5	1	Enn. IF VES	C MEDE EINE	TICS HEET	
CA	190 DATE OF OPERA	HON	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFC	KWED	He AUTOP	N		S, WERE FINDI FYING CAUSE:		
RTE								1E5 1	Adje	YE		NO 🗆	
8	210. ACCIDENT WAS UN	_			Y YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATU	RE OF THE	IN ITEM 18 P	PART I OR PART 2)		
A	OR CONTRIBUTING		IH		19				-				
MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY		211. LOCATIO	NC		-				_
ME	WHILE NOT W	HILE .	LAT HOME, STR	EET, FACTORY, OFFICE FA	ARM ETC }	STREE		-	CIMONIO	THIN .	COUNTY	STAT	£
	AT WORK	ORK			7	110	- 7	3	12	7	53	1	
	220 I certify that I				-	1	. 19 9	, to			1900	the (If (we)	
	saw the doce of above (1) (we (did (did na) view he bady	after death.	, 0	nd that n (my	(aur) apinion	death accurred	an the a	date and hav	ir and from the	causes state	d
	22 SIGNATURE					DEGREE	1				22c DATE	SIGNED	~
	INV	1	7		20		PHYSICIAN [MEDICAL DIRECTOR	STA PHYSE		181	011V	1
	22d PHYSICIAN'S	AME STIPLD	a magain)	V	M	220. ADDRES	CIX				DIDE	1	
1/4	DR. G.	FTCCIIC				077	CIMBER	IAL HOSE RLAND, M	(TIA	L (MEL)). BLDG	.)	
22-	BURIAL, CREMATION,			99. 1	LAME OF C	CE MESTERY CO.		IZ3d. LOCAT		1702			_
	[SPECIFY]		236 DATE			EMETERY OR		CITY OF	RTOWN		COUNTY	STAT	E
	Buria	ı I	Aug 1,	1983 Hi	llcre	st Bur	ial Par	k Cumbe	rlar	nd Alle	egany M	Marylar	nd_
24 F	UNERAL DIRECTOR			40	4 Dec	atur S	- 25a. DAT	E REC'D. BY REC	SISTRAF	256 REGIST	RAR'S SIGNA	TURE	

404 Decatur St

Silcox-Merritt Funeral Service. Cumberland, Md

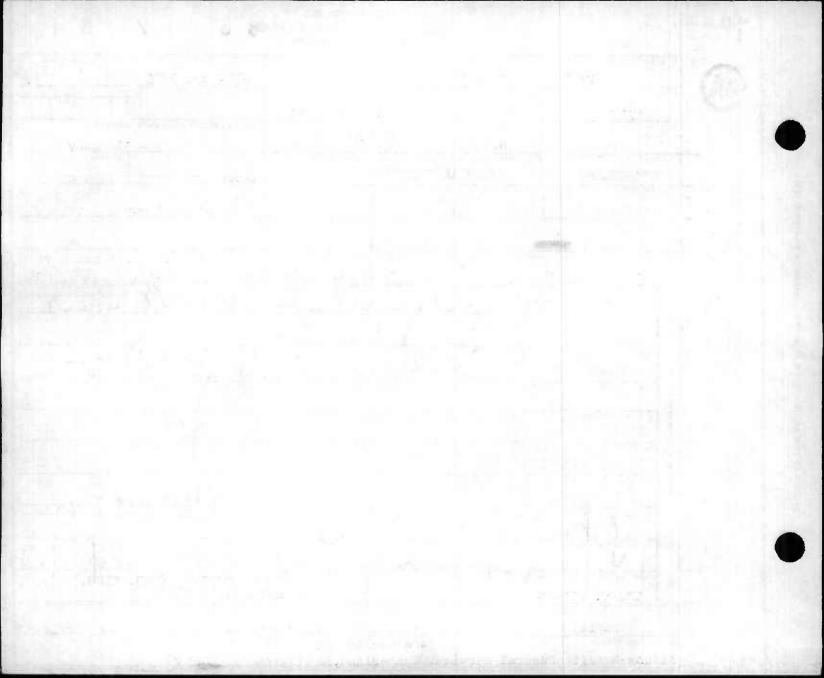
DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

MPCHTANT

24 FUNERAL DIRECTOR



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	1	7	- 7	8	10
0	4		dion		

	- STATE REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO	D	
	CEASED NAME FIRST TROY	MIDDLE	Go	rsuch	20. DATE OF DEATH	MONTH DAY YEAR	3 5:40 F
3. SE	* M	CAUCATI ON	S DATE OF	BIRTH DAY VEAR OZ OZ	6 AGE (IN YEARS LAST BIRT	YRS PA	HOURS MIN
1	SIRTHPLACE ISTATE OR FOREIGN COUNTRY) Aryland	76. CITIZEN OF WHAT COUNTRY?	WIDOWED		BALTIMORE CITY OF	_	Α
C	umberland	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Cumberland Nu	using t	OTHER INSTITUTION Home	170 USUAL OCCUPATION OF COMMON OF COMMON OF COMMON FOR MOST OF		D OF BUSINESS C RY O Railro
13a. :	STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136. CITY OR TOV Cany Cumberla	und	3d. Inside City Limits? YES NO []		ig Avenue	1502
	ATHER'S NAME PIRST OS COT	MIDDLE LAST GOTS U	ıch	5 MOTHER'S MAIDEN NAME BELLE	WIDDLE	Sm	ith
	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 705-07-		Debbie Clark	- Barb	ss 18 Washin	gton Cou West Va
-	Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU		OT RELATED TO THE TERM	IN AL DISEASE OR CONE	DITION GIVEN IN PAR	T 1(a
ě							
IFICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION	WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAU	
CAL CERTIFICATION	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINE	216. TIME OF INJURY HOUR A.M. MONTH D		WAS PERFORMED	YES NO	IN CERTIFYING CAU	SES OF DEATH?
MEDICAL CERTIFICA	718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR		YES NO	IN CERTIFYING CAU YES YES TY IN ITEM 18 PART I OR PART	SES OF DEATH? NO 21 STATE
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY HELD AT WORK AT WORK 220.1 certify that (1) (this hasp sow the decosed alive of	21b. TIME OF INJURY HOUR A.M. MONTH E P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE.	DAY YEAR 19 FARM, ETC.)	214 HOW INJURY OCCURI	YES NO	IN CERTIFYING CAU YES TY IN ITEM 18 PART I ORPART WN COUNTY 19 20te and hour and from	SES OF DEATH? NO [] STATE . that (i) (we) le

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director. Is should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or offending physician.

24 FUNERAL DIRECTOR George/Upchurch Funeral Home, P.A. 202 Greene Street-Cumberland, Maryland 21502

Hillcrest Burial Park Cumberland-Allegany Co.-Md.

Late to the control of the control of the second of the control of - (a.easa) department - (a.easaan) - Taring County County - Commenter County Co This of the same the sign of the control of the same o

		CEASED NAME FIRST	PORT, MD 21562	LAST	20 DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
B	1,,,,	HARVE	Y CECIL	GROVE	JULY 18, 1983	6:004
	3. SE	MALE	4 RACE WHITE	5 DATE OF BIRTH MONTH DAT YEAR APRIL 29 1900	83 YRS.	INDER 1 YEAR IF UNDER 24
3		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF COUNTY OF	DEATH
of led		MBERLAND	SACRED HEART HOS	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORKING LIFE)	126. KIND OF BUSINESS
25	130	AL RESIDENCE (IF NURSING HOME STATE MD. 134 69	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNICANY 130. CITY OR TOW LUKE		130. STREET ADDRESS 369 NEV	SON AVE.
6x Dogine	14_F	ATHER'S NAME JAMES	S. GROVE	FANNIE	MIDDLE	DUCKWORTH DNK&X
medicol		(YES (YES () UNKNOWN)	ARMED FORCES? 166 SOCIAL SECU 217 05 (LIKE, MD. 21540)
ner froumotic		Conditions, if ony, which gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEOU	rence (2) le	5	2 mont
s any injury, or other	FICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION	DUE TO, OR AS A CONSEQUE T CONDITIONS CONTRIBUTING TO	ENCE OF WWW. DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED	IN CERTIFYIN	IN PART 110 /ERE FINDINGS USED IG CAUSES OF DEATH
Hygiene prior to buriol, crem 18 shows any injury, or other	AL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION 191. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A CONSEQUING TO CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D.	ENCE OF WWW. DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED OPERATION WAS PERFORMED 21c. HOW INJURY OCCU	20g AUTOPSY? 20b. IF YES, W	IN PART 110 /ERE FINDINGS USED IG CAUSES OF DEATH
s any injury, or other	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION 6 10 1983 210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUING TO CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D.	ENCE OF WWW. ENCE OF WWW. DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED AY YEAR 19 216. HOW INJURY OCCU	200 AUTOPSY? 206 IF YES, WIN CERTIFYIN YES NOTE YES	IN PART 110 /ERE FINDINGS USED IG CAUSES OF DEATH NO 108 PART 21
tentol Hygiene prior to buriol, crem them 18 shows any injury, or other		gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 190. CAUSE OF OPERATION 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 190. CAUSE OF OPERATION 210. ACCIDENT WAS UNDERLYING 190. CAUSE OF OPERATION 210. ACCIDENT WAS UNDERLYING 190. CAUSE OF OPERATION 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 190. ACCIDENT WAS UNDERLYING 190. ACCIDENT WAS UNDERLYING 210. AC	DUE TO, OR AS A CONSEQUIOR T CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE I	ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED AY YEAR 19 21t. HOW INJURY OCCU STREET 19 21t. LOCATION STREET	208 AUTOPSY? 206. IF YES, WIN CERTIFYIN YES NOTE YES RRED (ENTER NATURE OF INJURY IN ITEM 18 PART	IN PART 110 /ERE FINDINGS USED IG CAUSES OF DEATH NO 1 OR PART 21 COUNTY 5TA
Dept. of Health and Mental Hygiene prior to burial, crem them 21 is marked or them 18 shows any injury, or other		gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION 190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IFEITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF COURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this had sow the deceased alive above, (I) (we) (did) (did) 22b. SIGNATINE	DUE TO, OR AS A CONSEQUIDED TO ON DITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT MOME STREET, FACTORY, OFFICE, INDICATION) on notiview, the body after death.	ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED 216. HOW INJURY OCCU AY YEAR 19 216. HOW INJURY OCCU STREET DEGREE ATTENDING PHYSICIAN	208 AUTOPSY? 206. IF YES, WIN CERTIFYIN YES NOT YES FRED (ENTER NATURE OF INJURY IN ITEM 18 PART) CITY OR TOWN	/ERE FINDINGS USED IG CAUSES OF DEATH OF PART 2) COUNTY STA
tentol Hygiene prior to buriol, crem them 18 shows any injury, or other		gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 6 10 9 3 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOTIFY MEDICAL EXAMINATION OF COURSE OF (IF ETHER, NOTIFY MEDICAL EXAMINATION OF COURSE OF COURS	DUE TO, OR AS A CONSEQUIDED TO CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE IN CONTRIBUTION) Spital) attended the deceased from not in view the body after death.	ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED AY YEAR 19 21t. LOCATION STREET ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPSY? 200 IF YES, WIN CERTIFYIN YES NOTE AND A VES CITY OR TOWN CITY OR TOWN A DOLL STAFF	IN PART TO VERE FINDINGS USED IG CAUSES OF DEATH NO OR PART 2) COUNTY STA 22c. DATE SIGNED

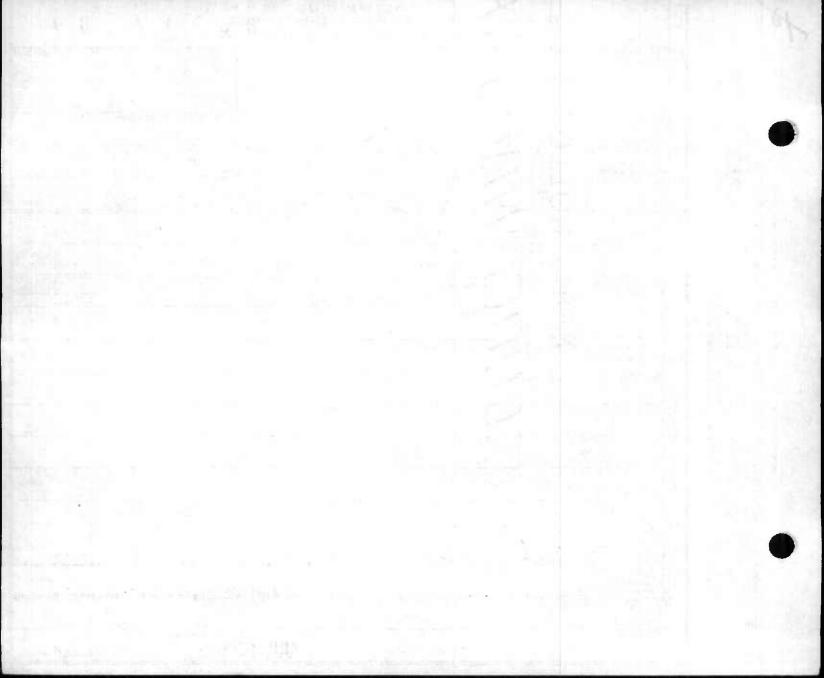
EVEL MARKET DISTANCE C Company AND AN ISET GEORGE Call vont of EL 2019 184 st - melled me germental Mount of I got a marginal for PARTIE TO SE INTER TRUE BUT TO THE THE busin de 'ant kasanan antau autau ata A. SINES TILLAY, M.D. M. S. S. S. John B. Court

1.1	1	#13,FilmG	582 8/29/8	3 kam	STATE	OF MARYLAND			
8 70	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF HEA	ALTH AND MENTAL HYG		7 2 8	1
V	1 DE		FIRST	MIDDLE	LAST		REG. NO.	DAY YEAR	26 HOUR
7		OR PRINT)	John	B. Ha	mer		July 9, 1	.983	М
	3 SE		4 RACE		5. DATE OF	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
D 200		Male	Whi		Augus	t 7, 1908		RS	
1 28 125	7a Bi	RTHPLACE (STATE OR FORE		F WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH	
1 11 85	No.	Maryland	U.S		WIDOWED	DIVORCED [Allegany		MD
he f		ITY OR TOWN OF DEATH	(IF NOT IN 5	UCH FACILITY, GIVE STREET	ADDRESS)	OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF	BUSINESS OR
201 by t filled		Paw Paw	Box	327 Lar	kins	Addition	Engineer	State	W.Va
AND 21	130. S Ma	aryland	Allegany	13c. CITY OR TOW	Kiefel	YES X, -NO A	Box 327, Le	ling Addre	ss Paw P
MARYL, manufed within ond 2 sl	14 FA	THER'S NAME FIRST John	MIDDLE	Hamer	1:	Le Nora	WE	Fisher	
RE,		VAS DECEASED EVER IN	U.S. ARMED FORCES		IRITY NO. 1	7 INFORMANT	ADDRESS		434
IMORE, In ond con Poges		NO NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	216-09-	3312	Mrs. Dorot	hy Hamer, Par	Pent. W.V	8.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN The low requires that the death certificate be executed within 24 hours wither this certificate has been signed by the otherding physician and completely filled in by as the burnal-transit permit. Then please remove corbonopapers. Pages 1 and 2 should be file the and Mental Hygiene prior to buriol, cremotion, or removal. Orked or them 18 shows any injury, or other troumotic event, the medical examiner must be ordered or them.		18 CAUSE OF DEATH (PART I. DEATH WAS	CAUSED BY: AMEDIATE CAUSE (0) DUE TO,	OR AS A CONSEQUE	roma	Pro vinte	D) hetastasus		AATE INTERVAL NSET AND DEATH
101 W. PRESTON Is that the deal set that the deal please remove trial. Cremation, or other troum.		gave rise to immed couse (a), stating underlying couse	$\begin{array}{c} \text{diate} \\ \text{the} \\ \text{lost} \end{array} \hspace{0.2cm} \left\{ \begin{array}{c} \text{DUE TO}, \\ \text{(c)} \end{array} \right.$	OR AS A CONSEQUE		OV SCILATED TO ANY YEAR			
aguire sign Then to bu	Z	PART 2 OTHER SIGNIF	ICANI CONDITIONS	CONTRIBUTING 103	DEATH BUT N	OI RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	
The low residence. The low residence. The hos been state permit yearne prior shows on yill.	CERTIFICATION	190 DATE OF OPERATIO	196 CON	DITION FOR WHICH	OPERATION	WAS PERFORMED		F YES, WERE FINDIN ERTIFYING CAUSES (YES []	
SION OF VITA PHYSICIAN The ending physicio this certificate the buriol-transit ad Mental Hygie d or frem 18 sha		21a ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU	SE OF DEATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	TIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART 2)	
DIVISION C DING PHYSIC or attending After this cer e os the burio olith and Ment morked or tee	MEDICAL	21d. INJURY OCCURRED	21e PLAC	E OF INJURY STREET, FACTORY OFFICE, F	2	TI LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TTEND option of the state of th		22a I certify that (I) (the	A 4	me 27 195	Mai	. 17	death occurred on the date and		hat (I) (we) last ouses stated
중 다 없 나 한 한		22b. SIGNATURE	augela	0	Q DE	GREE ATTENDING PHYSICIAN TO	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE S	IGNED 11/83
SPIT.	1	224 PHYSICIAN'S NAM	E (TYPE OR PRINT)		1	22e ADDRESS			
TO HOSPITAL Cretomed by the TO FUNERAL B should be detoo with the Store D IMPORTANT: If			Roque, M				ay, Frostbur	g, Md.	21532
T 5 F 4 7 3	23a E	BURIAL, CREMATION, REA	MOVAL 23b. DATE			METERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
BP		Crematio	n July	12183 F	Roseda	le Cremato	ry Martinsbu	irg. W.V	a.
DHMH - 16 50M 1/81 · (VRA 15, 4)	24 F	JINEKAL DIRECTOR	uneral Ho	me, Fros	stburg	Md. JU	RECO BY RECISIRARILY RE	GISTRAR'S SIGNATU	rela

EMIN (2 TILL) the Purchase and the Cool of the Cool property and the second T THAT model the uniform to the document of the state of the sta 18105 12120 THE DAY OF THE WAY OF THE PARTY OF interest total . We get agree to the first test to be a first test to District Principal Money Property and 1991 1 8 20 25

	ECEASED NAME PE OR PRINT)	JULIA L	OUISE HEN	CKEL	LAST	JULY 1, 19		YEAR
3. SI	EX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BI	THDAY) IF I	UNDER I YEAR
1	Female		nite	Nov		9. BALTIMORE CITY	YRS	E DE ATM
M/M	SIRTHPLACE (STATE OR FI COUNTRY) [arvland]	Ţ	J S A	MARRIE		ALLEGANY	COUNTY,	
40	int or town of dea		RED HEART		OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF HOUSEWI	F WORKING LIFE)	Home
130.	JAL RESIDENCE (IF NURSI STATE arvland	NG HOME OR OTHER INST 13b COUNTY Allegai	13c. CITY OR TO	NWC	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 100 Hone	vsuckl	e Lai
the same of the sa	ATHER'S NAME	MIDDLE	LAST	2002	15, MOTHER'S MAIDEN N			
E)(U)	John	Henry	m mr 11 70	.ow	Julia			(ritz
S 1 16a	WAS DECEASED EVER	N U.S. ARMED FOR		CURITY NO.	17 INFORMANT	ADDR		stbur
e d	NO			-6287	Martha Vi	lla Route	#2 Box	29
r other traumotic event,		AS CAUSED BY: IMMEDIATE CAUSE DUE which ledicate g the DUE	TOPPRASA CONFE	ela Sta	itaneel Sa	come.	end gle	BETWEEN
injury, or other traumatic event,	PART I. DEATH W Gooditions, if any, gave rise to imm couse (a), stotin, underlying cause	AS CAUSED BY: IMMEDIATE CAUSE DUE which lediote g the lost	Pors - me	electa DUENCE OF DUENCE OF	itones la ma ly not related to the ter Cava Obstin	Comes . MINAL DISEASE OR CON relin	end gle DITION GIVEN 814 C	nQ
iows ony injury, or other traumotic event.	PART I. DEATH W Gooditions, if any, gave rise to imm couse (a), stotin, underlying cause	AS CAUSED BY: IMMEDIATE CAUSE Which lediate the lost. DUE Which CONDITION OFFICIANI COND	(Pors - Me type as a comp (Pors - R togges a consec	DUENCE OF DUENCE OF VILLA	Cava Obstin			VERE FINDIN
tem 18 shows ony injury, or other traumotic event,	PART I. DEATH W. 1940 Conditions, if any, gave rise to imm couse (a), stoting underlying cause PART 2 OTHER SIGN Revel 2	AS CAUSED BY: IMMEDIATE CAUSE Which lediote lost IFICANI CONDITION IPICANI CONDITION	pors - me typer as a confe typer - K toppes a consec us contributing to deferier	DUENCE OF CONTROL BUT VINA	Cava Obstin	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	IN PART TO
rked or Item 18 shows ony injury, or other traumotic event, the property of th	PART I. DEATH W Conditions, if any, gave rise to imm couse (a), stoting underlying cause PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C	AS CAUSED BY: IMMEDIATE CAUSE Which lediote Interpretation IFICANI CONDITION IPICANI	TOPPES A CONSECUTION S CONTRIBUTING TO CONDITION FOR WHI	DUENCE OF LANGER OF THE PROPERTY OF THE PROPER	Cava Obstin	ZOO AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN YES [IN PART TO
- 1	PART I. DEATH W Gonditions, if any, gave rise to imm couse (o), stoting underlying cause PART 2. OTHER SIGN PART 3. OTHER SIGN PART 4. OTHER SIGN PART 3. OTHER SIGN PART 4. OTHER SIGN PART 4. OTHER SIGN PART 4. OTHER SIGN PART 4. OTHER SIGN PART 5. OTHER S	AS CAUSED BY: IMMEDIATE CAUSE Which edicate of the lost UFICANT CONDITION IPPLOAD IPPLOA	TOPER AS A CONFE	DUENCE OF LANGE OF LA	ON WAS PERFORMED 21c. HOW INJURY OCCU	Z80 AUTOPSY? YES NO RRED (ENTER NATURE OF INJURED) CITY OR TO	70b. IF YES, WIN CERTIFYIN YES [WERE FINDING CAUSES 1 1 OR PART 2) COUNTY
I: If Nem 2 15 morked or Nem 1	PART I. DEATH W Gooditions, if any, gave rise to imm couse (a), stotion underlying cause PART 2 OTHER SIGN PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING COUR AT WEDIC 21d. INJURY OCCURR WHILE NOTIFY MEDIC 220. I certify that (I) Sow the decease above, (I) (wo) (d) 22b. SIGNATURE	AS CAUSED BY: IMMEDIATE CAUSE Which lediote Inst IFICANI CONDITION ION IPPLOAD ALEXAMINER ED (this hospitol) attended olive on IPPLOAD IP	TOPER AS A CONFE	DUENCE OF DUENCE OE	Cave Obelin ON WAS PERFORMED 21c. HOW INJURY OCCU 21l. LOCATION STREET 19 7 3 nd that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN	Z80 AUTOPSY? YES NO RRED (ENTER NATURE OF INJURED) CITY OR TO	20b. IF YES, WIN CERTIFYIN YES [IN TERM IN TERM IN PART OWN 19.	WERE FINDING CAUSES 1 1 OR PART 2) COUNTY
- 1	PART I. DEATH W Government of the property of the property of the part of the property of the	AS CAUSED BY: IMMEDIATE CAUSE Which lediote Inst IFICANI CONDITION ION IPPLOAD ALEXAMINER ED (this hospitol) attended olive on IPPLOAD IP	TO DR AS A CONFE TO DR AS A C	DUENCE OF DUENCE OE	Cave Obtion ON WAS PERFORMED 21c. HOW INJURY OCCU 21l. LOCATION STREET 19 7 3 nd that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN 228. ADDRESS	VES NO NO CITY OR TO NO	ZOB. IF YES, WIN CERTIFYIN YES [INVENTION IN TEM IB PART OWN 19. Other ond hour of	VERE FINDING CAUSES (1 OR PART 2) COUNTY 22c. DATE

	U		ROUNTEN LA TERMINATION OF THE TRANSPORT OF THE PROPERTY OF THE PARTY O	THE DATE		
Antio to	1 .1 414		100000	t three A	Ellis	
		304.11		4		
,yrinto	ATTERVEN S				and form	
	A State L		Mardaga	באנאנח יודי	hosztájdego.	
	115" 301			et lange		
		ALTER-				
٠			7772-13			
			11	4-4		
_ craic _un _pmmer	PORT PROT	HE MEAN BAY		.n.x egg	PANTS RIPHIANS	



_	
_	
0	
~	
ä	
_	
2	
0 4	
-	
_	
LAN	
~	
-	
ч.	
RYL	
_	
>-	
-	
Mile.	
-00	
-	
480	
-	
-	
E.	
MAI.	
100	
No.	
0	
0	
WO	
45	
-	
-	
9	
A	
-	
80	
_	
-	
S	
10	
-	
1	
-	
0	
0	
PREST	
10	
01	
u.	
2	
Balls.	
0	
_	
30	
-	
_	
-	
5	
0	
201	
RECORDS,	
RECORDS,	
RECORDS,	
RECORDS,	
AL RECORDS,	
AL RECORDS,	
AL RECORDS,	
RECORDS,	
VITAL RECORDS,	
VITAL RECORDS,	
VITAL RECORDS,	
VITAL RECORDS,	
VITAL RECORDS,	
VITAL RECORDS,	
NOF VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	
VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	
N OF VITAL RECORDS,	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

executed within 24 hours ofter deoth. Poge 4

		REGISTRAR CUM	FIRST	A	MIOOLE		AST	2a DATE OF DE	ATH MONTH		2b. HOU
			MMA	MA	λE	H00	• •		0, 1983		2:0
	_	Female		4 RACE White		5. DATE O		6 AGE (IN YEARS	YRS		HOURS
15	F	ennsylvan	ia	USA	WHAT COUNTRY?	WIDOWE		ALLEGA	NY COUNT	TY,	
50	Cumberland		SACRE	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SACRED HEART HOSPITAL		12a. USUAL OCC (TYPE OF WORK FOR House	MOST OF WORKING WITE		Own H		
3	13a. S	AL RESIDENCE (IF NURS TATE STATE STATE STATE THER'S NAME	13b. COUN	other institution. ITY . legany	GIVE RESIDENCE BEFORE 136. CITY OR TOW Cumberl	'N	134. INSIDE CITY LIMITS? YES NO X		8. Box		owmans Additi
1/6		FIRST Hen			LAST		Bessie		JOOLE		LAST
1		VAS DECEASED EVER		MED FORCES?	213-64-		Mrs. James	T Hook	Cumber	hanla	Ma U.
		18. CAUSE OF DEAT PART I. DEATH W Gonditions, if ony, gove rise to imm couse to storin underlying couse	MMEDIAT which mediate of the lost.	DUE TO, OF	R AS A CONSEQUE	ENCE OF	p and	pheum	i lere noni t	BETW	ROXIMATE INTE EEN ONSET AND
any injury, or officer froofficers event, free froofficers		18. CAUSE OF DEAT PART I. DEATH W Gonditions, if ony, gove rise to imm couse to storin underlying couse	, which mediate and the lost.	DUE TO, OI (b) DUE TO, OI DUE TO, OI (c) CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE DONTRIBUTING TO I	ENCE OF	respirator	pheum	R CONDITION G	DIVEN IN PAR	ROXIMATE INTEL EN ONSET AND
in to shows any injory, or officer incompose event, men	CERTIFICATION	18. CAUSE OF DEAT PART I. DEATH W 496 Conditions, if ony, gove rise to imm couse (o). Stolin underlying couse PART 2. OTHER SIGN	MMEDIAT which mediate ng the lost. NIFICANT C	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CC 19b. CONDI	Ine for (a), (b), on Actual R AS A CONSEQUE R AS A CONSEQUE DITION FOR WHICH	ENCE OF ENCE OF OPERATIO OPERATIO	D and	Pheum AINAL DISEASE OF 200. AUTOPS YES \(\) NO	R CONDITION G	BIVEN IN PAR	ROXIMATE INTEL EN ONSET AND THO
iner or near to show on the property of other modificate event, then		18. CAUSE OF DEAT PART I. DEATH W 49 C Conditions, if ony, gove rise to imm couse (o). stofin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIOENT WAS UNK OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCURE 21d. INJURY OCCURE	, which mediate ng the lost. NIFICANT C	DUE TO, OF (b) DUE TO, OF (c) DUE TO, OF (c) TO NOTIONS CO.	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE ITION FOR WHICH ITION FOR WHICH M. MONTH DA M.	ENCE OF ENCE OF OPERATIO OPERATIO AY YEAR 19	NOT RELATED TO THE TERM	Pheum AINAL DISEASE OF 200. AUTOPS YES NO RED (ENTERNATURE	R CONDITION G	BIVEN IN PAR	ROXIMATE INTEL EN ONSET AND THO
1.2.1.5 morecon rent o snow only injory, or once mountone event, men	CERTIFICATION	18. CAUSE OF DEAT PART I. DEATH W 49 Conditions, if ony, gove rise to imm couse (o), stoffin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNCORCONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCURE WHILE NOTIFY MEDI 22a. I certify that (I) sow the decos obove, (I) (we) (c)	, which nediote ing the lost. NIFICANT C	DUE TO, OF (b) DUE TO, OF (c) 19b. CONDITIONS CO 19b. CONDITI	R AS A CONSEQUE R AS A CONSEQUE TITION FOR WHICH DE INJURY M. MONTH DA M. OF INJURY REEL FACTORY OFFICE F	ENCE OF ENCE OF OPERATIO OPERATIO AY YEAR 19	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR	Pheun AINAL DISEASE OF 200, AUTOPS YES NOTICE RED (ENTER NATURE)	R CONDITION G 200. IF Y IN CERT OF INJURY IN ITEM 16	DIVEN IN PAR ES, WERE FIN TIFYING CAU YES COUNTY	POXIMATE INITELEN ONSET AND TOO JDINGS USE SES OF DEA' NO [2)
July 10 may 117 man	CERTIFICATION	18. CAUSE OF DEAT PART I. DEATH W 49 Conditions, if ony, gove rise to imm couse (o). stofin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIOENT WAS UNC OR CONTRIBUTING OF CONTRIBUTING OF CIFETIMER NOTIFY MEDIC 21d. INJURY OCCUR WHILE NOT WAT AT WO 22a. I certify that (1) sow the deceosion obove, (1) (we) (c) 22b. SIGNATURE	, which nediote ned to the lost to the los	DUE TO, OF (b) DUE TO, OF (c) 19b. CONDITIONS CO 19b. CONDITI	R AS A CONSEQUE R AS A CONSEQUE TITION FOR WHICH DE INJURY M. MONTH DA M. OF INJURY REEL FACTORY OFFICE F	ENCE OF ENCE OF OPERATIO OPERATIO AY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21t. HOW INJURY OCCUR 21t. LOCATION STREET 7 19.83 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [Pheun AINAL DISEASE OF 200, AUTOPS YES NOTICE RED (ENTER NATURE)	R CONDITION G 20b. IF Y IN CERT OF INJURY IN ITEM 16 TY OR TOWN 7 - ZO on the dote and he STAFF	ES, WERE FINTIFY ING CAU	POXIMATE INITELEN ONSET AND TOO JDINGS USE SES OF DEA' NO [2)
The state of the s	CERTIFICATION	18. CAUSE OF DEAT PART I. DEATH W 4 9 0 Conditions, if ony, gove rise to imm couse to stofin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA: 21a. ACCIOENT WAS UNK OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCURR WHILE NOTIFY MEDI 22a. I certify that (I) sow the decease obove, (I) (we) (c) 22b. SIGNATURE	, which nediote ing the isolate ing the isolate. TION OERLYING CAUSE OF GEACAL EXAMINER RED (this hospit ed dilye on did) (ald no) AME (IVPE O	DUE TO, OF (b) DUE TO, OF (c) 19b. CONDITIONS CO 19b. CONDITI	R AS A CONSEQUE R AS A CONSEQUE TION FOR WHICH OF INJURY M. MONTH DA M. MONTH DA M. OF INJURY REEL FACTORY OFFICE F ofter death.	ENCE OF ENCE OF OPERATIO OPERATIO AY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21t. HOW INJURY OCCUR 21f. LOCATION STREET 7 1983 nd that in (my) (our) opinion DEGREE ATTENDING	Pheum AINAL DISEASE OF 200. AUTOPS YES NO RED (ENTERNATURE CI deoth occurred of	R CONDITION G R COND	DIVEN IN PAR ES, WERE FIN TIFYING CAU YES COUNTY 19 22c. D	POXIMATE INTEL SEN ONSET AND DINGS USE SES OF DEA NO 2) 4 that (II (*) the couses sta

THE METAL THE SHAPE ERRI OF YELL TET | 15ts. James = 1000 . Curbockers, the State County got grant ngive, outsignians, to gish SPIEL VELANTA, K.D. M. first integral descrip-Justierit, Allement, M. James F.Scarpell

DHMH-16 60M 1/73

(VR A 15 (4))

1	FOR STATE REGISTRAR	DI		FICATE OF DEATH	REG. NO.	129	1
	PECEASED NAME FIRST	Willard	John	son	July 4, 1983		26. HOUR 1: 45A
3. 5	EX Male	4. RACE Black	June June	H A DAY A CYEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
1	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COL USA	MARRIE		Allega	ny	WE
10	city or town of DEATH	11. NAME OF HOSPITAL, 18 NOT IN SUCH FACILITY, GI SACTED HEAD	rt Hospit	al	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK Maint. Dept.	KING LIFE TOST	OF BUSINESS OR
130.		LINTY _ 13c CITY C	OR TOWN	YES NO D	13e STREET ADDRESS 42	6 Ridge St	1999
KW_	FATHER'S NAME Lucian M	. Johnson	AST	Elizabet	h Middle Wa	ashington'	AST
3 160	WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES, C	TIVE WAR OR DATES	26-9629	Mrs. Elton	Johnson Keyse	426 Ridge	\$5726
NO		DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) IT CONDITIONS CONTRIBUTIONS	NSEQUENCE OF	T NOT RELATED TO THE TER	of Prost	ON GIVEN IN PART 1	Ho
CERTIFICATION	198 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED		IF YES, WERE FIND CERTIFYING CAUSE YES	
1 3	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MON	19		JRRED (ENTER NATURE OF INJURY IN I	/EM 18, PART 1 OR PART 2}	
MEDI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR)		STREET	CITY OR TOWN	COUNTY	STATE
	sow the deceased alive	spital) patended the decrased on sot) view the bedy after deat	198210		n death occurred on the date o		
1	22b. SIGN WIE	0		ATTENDING PHYSICIAN		- 1	III (3
/	274 PHYS Clan's NAME (1111	SPIGGLE		1	0.4.0	QLAND, N	10
L	BURIAL, CREMATION, REMOV	23b. DATE July7,1983		cemetery or cremator or Mem. Garden	keyser	Mineral	w.Va.
24.	Markwood Fun	eral Home	111 S.M Keyser,W	ineral St 111	L 1 4 1983	REGISTRAR'S SIGNA	theigh

STATE OF MARYLAND

MARKET TO SEE AN ADDRESS OF THE PARTY OF THE piliti fene .a.a. daim a.a.a. azem nezembe antis tist. The an an an analysis of year-act Andrea and the second control of the second

	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS HE CENTRE PLASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PROCI. IN ITEM 18, GIVE PAGES 1, 2, AND 3 10 THE CHE DEPENDENCY OR. PAGES 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3, SERTAIN PAGES 5 OF THE THES. TO FUNDER TO BE PAGES 3 SHOULD BE FIRED.	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RESTATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
212	ANG	PEC
M M	TH. II. 2, M. 3.	UTAL
ORE	AGES RM P	10
METIN	ME P.	SION
T., 8/	WIT P	≥ O
ONS	24 HC	SIENE
REST	ER AI	HA
1 W.	PENC AMIN	ENTA
5,20	EX EX	NON
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	SA B	THA
AL REG	WED "PER MER MER MER MER MER MER MER MER MER M	HEA
VIII.	S S S S S S S S S S S S S S S S S S S	S IN
NO	THE OUT	RTME
VISIO	TING TING TO TO	DEPA
۵	WRI	TATE
	SATE POR	THES
	CAMINE D BE	VITH
	A CUL	TH
	UTE T	& DEA
	EXEC PAGE	AFTE

		ASED NAME FIRST ZELD	A MAE JOHN	STON		LAST	2a. D	OF ESTI-	7-24-	
3. SE	EX F	4. RACE Cau	5. DATE OF BIRTH	YEAR LA	GE (IN YEARS IF	UNDER 1 YR. IF UNDE	R 24 HRS. 2c. MIN PRO	DATE NOUNCED DEAD	7-24-8	YEAR
7a. E	FORE	HPLACE (STATE OR GN COUNTRY) ennsylvania	USA	AT COUNTRY?		RRIED NEVER MAR	RIED	ALTIMORE CITY C	OR COUNTY OF	DEATH
0	Cu	or town of death	Memori Memori	al Hosp	ital	OTHER INSTITUTION	17a USUAL C	OCCUPATION (TYPE OF WORKING LIFE) OCCUPATION (TYPE OCCUPATION (TYPE		OR INDUSTR
5 13a.	STA Ma	ryland A		13c. CITY OR T		13d. INSIDE CITY LIMITS? YES NO	- 270	Emily St	215	02
7			Broads tock	ŁAST		15. MOTHER'S MAII	Cora Si	-		LAST
160.	(YES.	no	E WAR OR DATES)		0-5974	Ms. Shin	cley Cad	igan, Ma	ry Calla	ughter ahan
		R CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMEDIA Conditions, if any, whice gave rise to immediate cause (a) stating the underlying cause loss.	ED BY: ATE CAUSE (o)	ardiac AS A CONSEQU entricu	arrest DENCE OF lar Fil	orillation r with sync	ope		9.6	minut 2 ye
TION		Hypertensiv	e cardiova	BUT NOT RELATED TO	the terminal ois	EASE OR CONDITION GIVEN IN			20	AUTOPSY?
7 5				40.141.1824	100	HOW INTUING OCCUPA	PED LENTER NATUR	E OF INJURY IN ITEM 18 I	PART I OR PART 2)	YES
MEDICAL CERTIFICATION		TO EXTERNAL CAUSE WAS INDERLYING OR ONTRIBUTING CAUSE OF TO INJURY OCCURRED WHILE	DEATH P.M.	DF INJURY (ATI	YEAR	LOCATION STREET		OR TOWN	COUNTY	
MEDICAL CERTIFICA	AS E	INDERLYING OR CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE	DEATH P.M 21e. PLACE C STREET, FACT	MONTH DAY OF INJURY (ATI ORY, FARM, ETC.) cribed above, he Accident	YEAR 19 HOME, 21f.	topsy , Inspect Hamicide TITLE (SPECIFY) M.D. AST DPT	on X , In Undetermin	quiry X, an	nd in my apinian	7-24-

Maria de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania del compania d THE PROPERTY OF THE PROPERTY O .5. Sanitador Listogramo . comol-

	CEASED NAME	FIRST		AIDDLE	L.	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
(11PE	- '	AVID	OL	IN	JONES		JULY 21. 1	983		7:50
3. SE)			4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF	FUNDER I YEAR	IF UNDER 24 H
	MALE		WHITE		8	13 194	42	YRS.	54113	MOUNTS IN
7a. Bl	RTHPLACE (STATE OR F	OREIGN	U.S.A.	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY C			
C	ITY OR TOWN OF DEA CUMBERLAND		SACR	ED HEART	HOSP	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF MINER	ION	12b. KIND C	OF BUSINESS
13a. S	AL RESIDENCE (# NURSI STATE RYLAND	13b COUN ALLEG	¥TY	GILMORE		136. INSIDE CITY LIMITS?	13. STREET ADDRESS RT. 36	BOX 1	16321	532
DAY	ATHER'S NAME FIRST	A.		RAYNOR		15 MOTHER'S MAIDEN NA FIRST BETTY	MIDDLE	CROWE	LAS	ST
	WAS DECEASED EVER (YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	215-36-9		MRS. ELIZA	ADDR ETH JONES	BOX 1	163 G:	ILMORE
	Conditions, if ony, gove rise to imm cause (a), statin underlying cause	which nediate g the lost.	D BY: E CAUSE (0) DUE TO, OI (b) DUE TO, OI (c)	Carr R AS A CONSEQUI R AS A CONSEQUI	ENCE OF	ma g A	a Stome	eh_		
FICATION	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	which nediate g the lost.	DBY: E CAUSE (0) DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CC	R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, IN CERTIFY	N IN PART 1	O . NGS USED 5 OF DEATH?
CAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), storin underlying couse	which hediate g the lost. WIFICANT C	D BY: E CAUSE (0) DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CO 19b. CONDI 17b. TIME O HOUR A.	R AS A CONSEQUI	ENCE OF ENCE OF DEATH BUT OPERATIO		200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UNE OR CONTRIBUTING	AS CAUSE IMMEDIAT which nediote g the lost. VIFICANT C TION DERLYING CAUSE OF DEAL CALEXAMINER RED	DBY: E CAUSE (0) DUE TO, OI (b) DUE TO, OI (c) 19b. CONDITIONS CO 17b. TIME O HOUR A. P. 21e. PLACE	R AS A CONSEQUI	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY! YES	WERE FINDING CAUSES	NGS USED S OF DEATH? NO
	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UNED OR CONTRIBUTING CURE INTEREST OF CURE INTEREST OF CONTRIBUTING CURE INTEREST.	AS CAUSE IMMEDIAT which nediote g the lost. VIFICANT C TION DERLYING CAUSE OF DEA CAL EXAMINER RED (this hospin (this hospin	D BY: E CAUSE (0) DUE TO, OI (b) DUE TO, OI (c) 19b. CONDITIONS CC 19b. CONDITIONS CC	R AS A CONSEQUI	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	N WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES, IN CERTIFY! YES RY IN ITEM 18 PAR	WERE FINDING CAUSES TO COUNTY P. 23	NGS USED SOF DEATH? NO
	PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), stotin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNE OR CONTRIBUTING CONCENTION OF CONTRIBUTING CONCENTION OF CONTRIBUTING CONCENTION OF CONTRIBUTING CON	AS CAUSE IMMEDIAT which nediote g the lost. VIFICANT C TION DERLYING CAUSE OF DEA CALEXAMINER RED chile hospin child did no	DBY: E CAUSE (0) DUE TO, OI (c) DUE TO, OI (c) 19b. CONDITIONS CC 19b. TIME O HOUR A. 21e. PLACE: (AT HOME STR foll) ottended th	R AS A CONSEQUI	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	21t LOCATION STREET 21 to How INJURY OCCUR 21t LOCATION STREET 21t LOC	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PAR Oute and hour (WERE FINDING CAUSES TO COUNTY P. 23	O O O O O O O O O O O O O O O O O O O
	PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), stotin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CURENT WAS UND OR CONTRIBUTING CURENT WAS UND OR CONTRIBUTING CURENT WAS UNDER CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CURENT WAS UNDER CONTRIBUTING C	AS CAUSE IMMEDIAT which nediote g the lost. JIFICANT C CAUSE OF DEA CAL EXAMINER RED (this hospir ed olive on kid) (did no	DBY: E CAUSE (0) DUE TO, OI (c) DUE TO, OI (c) 19b. CONDITIONS CC 19b. TIME O HOUR A. 21e. PLACE: (AT HOME STR foll) ottended th	R AS A CONSEQUI	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION STREET 218 ATTENDING PHYSICIAN 220 ADDRESS	ZOQ AUTOPSY? YES NO CITY OR TO deoth occurred on the d	20b. IF YES, IN CERTIFY! YES REV IN ITEM 18 PAR OVEN OTE OND HOUSE	WERE FINDING CAUSES COUNTY Ond from the 22c. DATE	O . NGS USED S OF DEATH? NO

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely Illind should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be

etoined by the hospital or ottending physician.

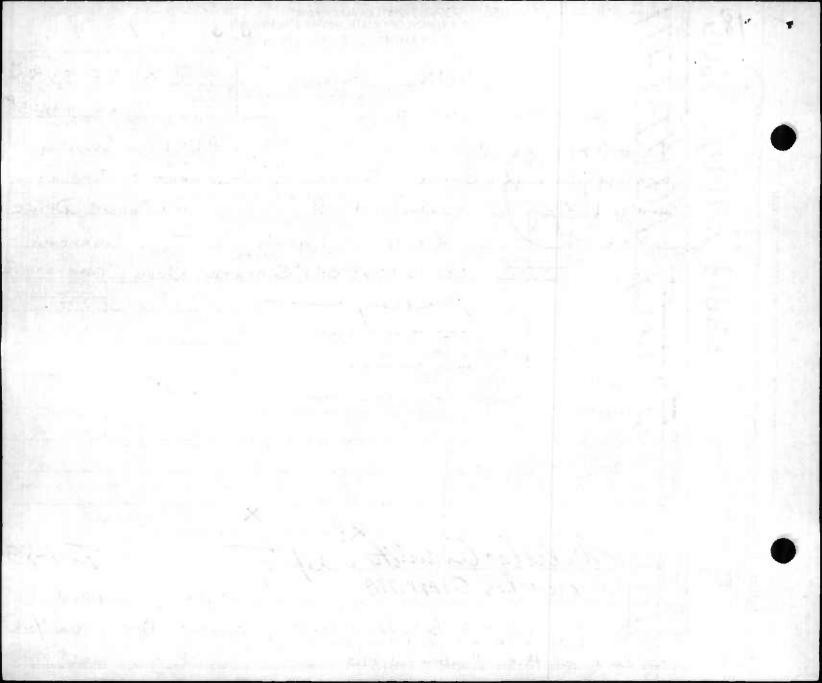
BP.

page 3

may be

executed within 24 hours ofter death. Page

●IJET E understand Theresident was such as the second THE STATE OF THE S



BP.

DHMH - 17 (VR A15 ME (5)) 15M2/80

1 - S	FOR STATE REGISTRAR CEASED NAME	FIRST		DEPARTMENT OF H		MENTAL	OF DEA	TH REG	7 . NO.	2 9	YEAR 26	HOU
	OR PRINT)		100				2	OF ESTI-	-	7 G	00	
3. SEX	14	Bernard RACE 5.D	ATE OF BIRTH	pley	Knepp RS IF UNDER 1		0011400	DEATH MATED	MON			30a
	M	W	12 26	1923 59 YRS	Y) MONTHS DA		MIN P	RONOUNCED DEAD	7-	6	83 9) a.
FOR	Md IS	Α	USA		WIDOWED [NEVER MARE	CED [Allegan	v			N
	rostbur		(IF NOT IN SUCH FAC	PITAL, NURSING HOME, LILITY, GIVE STREET ADDRESS)	OR OTHER INS	TITUTION	FOR M	ALOCCUPATION OST OF WORKING LIFE) ntenance		OR	d of Busin Industry 11ege	IESS
	L RESIDENCE (1 ATE	FIN NURSING HOME OR OTH 13b COUNTY	ER INSTITUTION, GIV	13c. CITY OR TOWN		SIDE CITY LIMITS?	13e. STRE	ET ADDRESS				
	THER'S NAME	Alleg MID		L Frostburg	15. MG	OTHER'S MAID	EN NAME	MIDDLE	183	U	1532 AST	
	hillip	H.	EODCES?	Knepp		ertha		ADDR	2230	Blo	ocher	
YES	S, NO, OR UNKNOW	(N) (IF YES, GIVE WAR O		218-16-44			(Sist		Del.	. Eckl		
	411	IMMEDIATE CA		ocardial In		n						DULKI
	gave rise cause (a) s lying caus	if any, which to immediate stating the under-	(b) C DUE TO, OR A	AS A CONSEQUENCE O OTONATY Scl AS A CONSEQUENCE O	erotic	Heart I		e				
	gave rise cause (a) s lying caus	if any, which to immediate tating the under-	(b) C DUE TO, OR A	oronary Scl	erotic	Heart I		se .				D DEATH
	gave rise cause (a) s lying caus	, if any, which to immediate totaling the under-le last. None	(b) C DUE TO, OR A (c) BUILING TO DEATH 8	AS A CONSEQUENCE O OTONATY Scl AS A CONSEQUENCE O	erotic enotic	Heart I		se .			UTOPSY?	
CERTIFICATION	gave rise cause (a) s lying caus PART 2 DTHER SIG	, if any, which to immediate totaling the under-least. WIFICANT (DNDITIONS CONTR. NONE DPERATION CAUSE WAS	(c) 196 CONDITI	OTONARY SCI OTONARY SCI UT NOT RELATED TO THE TERMIN ION FOR WHICH OPERA INJURY MONTH DAY YEAR	erotic NAL DISEASE DR CON	Heart I DITION GIVEN IN P. REFORMED?	ART 1 (u)	EQ	M 18 PART I C	YE		XX
EDICAL CERTIFICATION	gave rise cause (a) s lying caus PART 2 DTHER SIGN 190. DATE OF C 210. EXTERNAL UNDERLYING CONTRIBUTIN 210. INJURY OF CONTRIBUTING	, if any, which to immediate totaling the under- elast. NONE PERATION CAUSE WAS OR G CAUSE OF DEAT	(b) C DUE TO, OR A (c) 1996. CONDITI 216. TIME OF HOUR A.M. H P.M. 216. PLACE O	OTONARY SCI OTONARY SCI OTONARY SCI UT NOT RELATED TO THE TERMIN ION FOR WHICH OPERA	erotic NAL DISEASE DR CON	Heart I	ART 1 (u)	:	M 18 PART I C	YE	ES N	
MEDICAL CERTIFICATION	gave rise cause (a) s lying caus PART 2 DTHER SIGN 19a. DATE OF (1) 21a. EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK	WIFICANT (DNDITIONS CONTR NONE DPERATION CAUSE WAS OR CAUSE WAS OR CAUSE OF DEAT CCURRED NOT WHILE AT WORK What I tack charge of the draw. Natural co	(c) 196. CONDITI 196. CONDITI 216. TIME OF HOUR A.M. P.M. 21e PLACEO STREET, FACTO	OTONARY SCI OTONAR	erotic NAL DISEASE DR COM ATION WAS PER 21c. HOW IN. 21l LOCATIO SIREET Autapsy Cide , F	DITION GIVEN IN P. DITION GIVEN IN P. DIFFORMED? URY OCCURR N Inspectic Homicide Le (SPECIFY) Deputy	ED LENTER NA Undeter	ATURE OF INJURY IN ITE.	and in m	YE YES	6-83	STATE

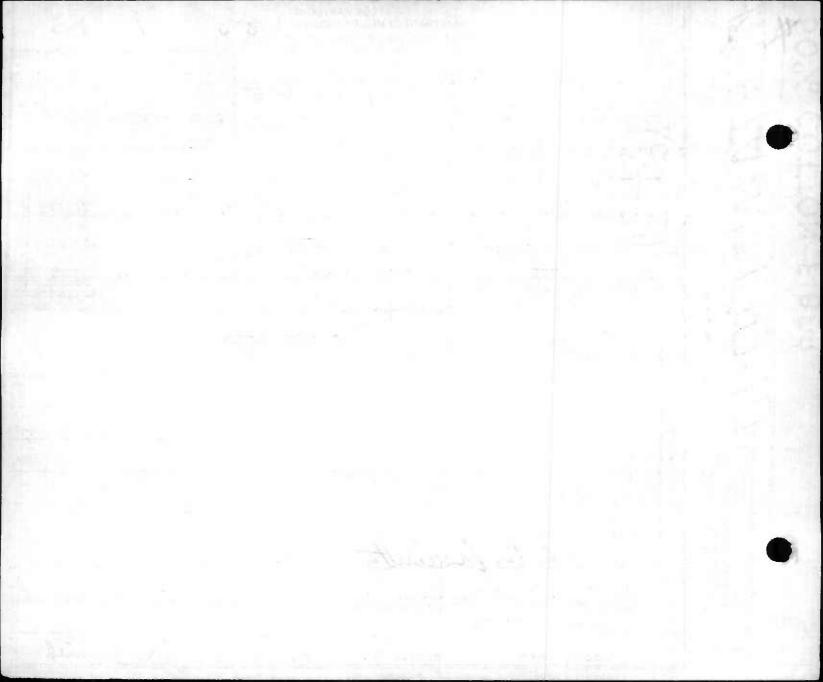
24 FUNERAL DIRECTOR NAME Anatomy Board

Balto., Md.

ADDRESS

1983

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



etained by the haspital or attending physicion.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in should be detached for use as the busial-transit permit. Then please remove carban papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

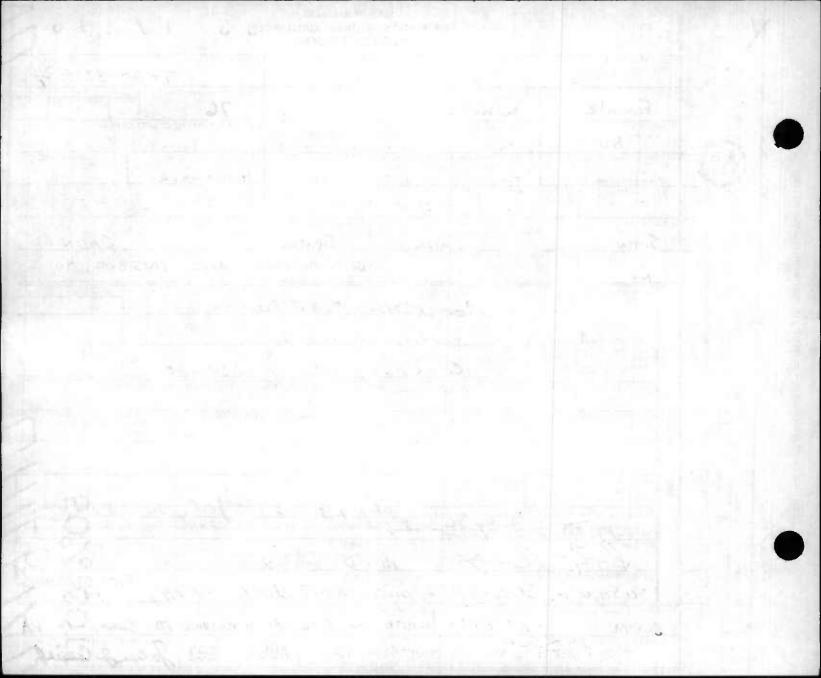
MAPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical examiner must be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	1	7	2	9	6

1.	STATE REGISTRAR	UCF A		ICATE OF DEATH	REG. NO	O.	
	CEASED NAME FIRST	WIDOLE		AST	20 DATE OF DEATH	MONTH DAY YEAR	
	Sarah		Kne			7-30-8	
3 SE	Female	4. RACE White	S DATE (H DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DA	
7a. Bi	RTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	1/29/06	9. BALTIMORE CITY O	YRS.	4
	COUNTRY) MD		MARRIE	D NEVER MARRIED			
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF			12a USUAL OCCUPATION OF WORK FOR MOST O	ON 126. KIN	ID OF BUSINESS OR
F	rosthura	Frostburg Co	mmunity	v Hospital	HOMEMAK	ER	
USU 13a. 3	AL RESIDENCE (IP NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BE UNITY 134. CITY OR T Fros	FORE ADMISSION		13e. STREET ADDRESS	Rt 2 Box	492
14. E/	ATHER'S NAME			15 MOTHER'S MAIDEN NAM	ME		
	SIMON	MIDDLE LAST	N	BERTHA	WIDDLE	CI	ATON
	WAS DECEASED EVER IN U.S. A		ECURITY NO.	17 INFORMANT	ADDRE	SS FO-STOWN	MA
(YES NO OR UNKNOWN) (IF YES G	GIVE WAR OR DATES)	14 9464	BETTY MCKENZ	IE RD-Z	FRESTBURG	, 110
		only one cause per line for (a), (b)		4		APP	PROXIMATE INTERVAL
	PART I. DEATH WAS CAUS	SED BY:	estin	e Heart Fo	siture		CONSCI AND BEAM
	IMMEDIA	ATE CAUSE (0)	COUL	e made of the	et - v		
	4149	-4	QUENCE OF	ct me		THE OWNER OF	
	Conditions, if ony, which	(b) H57	775	Stanosis			
	couse (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF	,			
	underlying couse lost	(Cor	-o nac	y artery	of seat	e	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE DERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	T Iro
O							
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	VDINGS USED
FIC					YES NO	IN CERTIFYING CAU	ISES OF DEATH?
ERT	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR			
	OR CONTRIBUTING CAUSE OF D		DAY YEAR	The trott property decome	TED TENTER MATORE OF 11930	AT HE HEAT OF TAKE I CALLANT	*
EDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		19				
AED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	own county	STATE
~	AT WORK NOT WHILE				1.0	-	
	22a I certify that (I) (this has	pitul product he deceased fro	m_ fle	4 23, 19	3, 10 July	30 19	, that (I) (we) ast
	sow the aleceosus alive of	not we the bod after death.	9 83.0	nd that in (my) (our) opinion o	death occurred on the do	ate and hour and from	the causes stated
	22b. SIGN DOLE	ior, were the block giver death.	UT TO SE	DEGREE		22c D	ATE SIGNED
	120	14 M	1/2	D ATTENDING	MEDICAL STAL	FF 7/	136183
	224 PHYSICIAN'S NAME ITYPE	00 00001	m	22e. ADDRESS	DIRECTOR PHYSIC	JAN	2700
	SUSAN E	SCHWART	niD.	FROST RU	RI PLAT	IA FRO	STEURG
22.	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	123d LOCATION	11/	
	(SPECIFY)			OAK CEMETERY	CITY OR TOWN	Oh COUNTY	The Co STATE
_	BURIAL	1300. 2,1103	WITTIE	CONTENT	11-1-101102		SET CO PA
24 F	Price Funera	al Home Mey	yersdal	e, PA	FREC'D. BY REGISTRAR G 8 1983	GISTRAR'S SIGN	Calvell

DHMH - 16 50M 4/82 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page retained by the hospital or attending physicion.

BP._____ DHMH - 16 50A (VRA 15,

		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUF
	(1117		EARL	CA	ARL	KN	OX, Sr.	JULY 18,	1983		2:00
	3. SEX		The second	4. RACE		5. DATE O	H DAY YEAR	6 AGE IN YEARS LAST BIR	THDAY) IF UN		HOURS
		Male		Whit			h 18, 1935	48	YRS.		
32	Ma	THPLACE (STATE OR OUNTRY) ryland		76. CITIZEN OF		MARRIE		9 BALTIMORE CITY O	COUNTY,		
0		Cumber la	nd /	SACRED	HEART	HOSPITA	CR OTHER INSTITUTION	120. USUAL OCCUPATION OF THE OF WORK FOR MOST OF HEAVY Equip	F WORKING LIFE! IT	26. KIND OF NDUSTRY Count	
33	13a S	L RESIDENCE (IF NUR TATE Md.	134 COUT Gal	rother institution NTY rett	13t. CITY OF	e before admission) r town dent	136. INSIDE CITY LIMITS?	Rt. #1. Bo	ox 16		2152
10		THER'S NAME Earl		WIDDIE		nox	15. MOTHER'S MAIDEN N	MIDDLE		Wi]	t
2		AS DECEASED EVER ES, NO DR UNKNOWN) NO		MED FORCES?		34-4478	Mrs. Flora k				
		18. CAUSE OF DEAT PART I. DEATH V 5 715 Conditions, if ony gove rise to im couse (o), stoti underlying coust	, which mediate ng the	DUE TO, O	R AS A CON	SEQUENCE OF	Luier.			APPROXIM BETWEEN OF	
	ATION	5715 Conditions, if ony gove rise to im couse (01, stati underlying coust	, which mediate ng the e lost.	DUE TO, O (b) DUE TO, O (c) CONDITIONS C	R AS A CON	SEQUENCE OF	Son was performed	MINAL DISEASE OR CON	20b. IF YES, WE	N PART 110	GS USED
	10	5715 Conditions, if ony gove rise to im couse (0), stoti underlying couse	, which mediate ng the e lost.	DUE TO, O (b) DUE TO, O (c) CONDITIONS C	R AS A CON	SEQUENCE OF	NOT RELATED TO THE TER			N PART 110 ERE FINDING G CAUSES C	GS USED
149	CERTIFI	Conditions, if ony gove rise to im couse (0), stoti underlying couse PART 2. OTHER SIG	IMMEDIA which mediote ng the lost NIFICANT CAUSE OF DE CAUSE OF DE	DUE TO, O (b) DUE TO, O (c) TO DUE TO, O (c) 19b. CONDITIONS C 19b. TIME C HOUR A	R AS A CON: ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH	SEQUENCE OF SEQUENCE OF G TO DEATH BUT WHICH OPERATION H DAY YEAR	NOT RELATED TO THE TER	20a AUTOPSY?	20b. IF YES, WE IN CERTIFY INC	N PART 110 ERE FINDING G CAUSES (GS USED
49	MEDICAL CERTIFICATION	Conditions, if ony gove rise to im couse (o), stoti underlying coust part 2. OTHER SIG	IMMEDIA which mediate nog the lost. NIFICANT of the lost. VIION IDERLYING CAUSE OF DE DICAL EXAMINE TREED	DUE TO, O (b) DUE TO, O (c) CONDITIONS C 19b. COND ATH (B) 21b. TIME C HOUR A P) 21e PLACE	R AS A CON: R AS A CON: ONTRIBUTING OF INJURY M. OF INJURY	SEQUENCE OF SEQUENCE OF G TO DEATH BUT	NOT RELATED TO THE TER	200 AUTOPSY? YES □ NO 🄀	20b. IF YES, WE IN CERTIFY INC YES TO THE TENT OF THE PART I	N PART 110 ERE FINDING G CAUSES (GS USED
129	CERTIFI	Conditions, if ony gove rise to im couse (o), stoti underlying coust underlying coust part 2. OTHER SIG 19a, DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d, INJURY OCCUR WHILE AT WORK NOTIFY OF AT WORK NOTIFY THE AT WORK NOTIFY OF AT WORK NOTIFY THE AT WORK NOTIFY OF AT WORK NOTIFY THE AT WORK NOTIFY THE AT WORK NOTIFY THE AT WORK NOTIFY THE AT WORK NOTIFY OF AT WORK NOTIFY THE A	IMMEDIA which mediate may the lost. NIFICANT (CAUSE OF DE CICAL EXAMINE) RED THIS CONTROL OF THE CONTROL	DUE TO, O (b) DUE TO, O (c) CONDITIONS C 19b. COND 19b. COND ATH R) 21b. TIME C HOUR A R) 21e PLACE (AT HOME ST	R AS A CON: R AS A CON: ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REEL, FACTORY, Co	SEQUENCE OF SEQUENCE OF G TO DEATH BUT WHICH OPERATIO H DAY YEAR 19 DEFICE, FARM, ETC.)	I NOT RELATED TO THE TER ON WAS PERFORMED 21c. HOW INJURY OCCU 21l. LOCATION STREET A 3 19 Ind that in X(X) (our) opinio	200. AUTOPSY? YES NO X RRED (ENTER NATURE OF INJU CITY OR TO	20b. IF YES, WE IN CERTIFY INC YES THE	N PART 110 ERE FINDING G CAUSES () OR PART 2) COUNTY the defrom the country	GS USED OF DEATH NO ST
149	CERTIFI	Conditions, if ony gove rise to im couse (o), stoti underlying coust underlying coust underlying coust of the	IMMEDIA which mediate may the plant of the	DUE TO, O (b) DUE TO, O (c) CONDITIONS C 19b. COND 19b. COND ATH P 21b. TIME C HOUR A P 21c PLACE (AT HOME ST	R AS A CON: R AS A CON: ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REEL, FACTORY, Co	SEQUENCE OF SEQUENCE OF G TO DEATH BUT WHICH OPERATIO H DAY YEAR 19 DEFICE, FARM, ETC.)	I NOT RELATED TO THE TER ON WAS PERFORMED 21c. HOW INJURY OCCU 21l. LOCATION STREET	200 AUTOPSY? YES NO X RRED (ENTER NATURE OF INJU CITY OR TO deoth occurred on the d	20b. IF YES, WE IN CERTIFY INC YES TO THE WIND THE MISS PART I	N PART 110 ERE FINDING G CAUSES (GS USED OF DEAT NO SIGNED
749 T	MEDICAL CERTIFI	Conditions, if ony gove rise to im couse (o), stoti underlying coust underlying coust underlying coust of the	IMMEDIA which mediate nog the lost. NIFICANT of the lost of the	DUE TO, O (b) DUE TO, O (c) CONDITIONS C 19b. COND 19b. COND ATH HOUR A AR) 21b. TIME C HOUR A THOUR A THOUR A P 21c. PLACE (AT HOME ST TOT) view the body M. D.	R AS A CON: R AS A CON: ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. OF INJURY REEL, FACTORY, Co	SEQUENCE OF SEQUENCE OF G TO DEATH BUT WHICH OPERATIO H DAY YEAR 19 DEFICE, FARM, ETC.) from 7 5 5 19 83	NOT RELATED TO THE TER N WAS PERFORMED 21c. HOW INJURY OCCU 21l. LOCATION STREET 1 3 19 nd that in X*X (our) opinio DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJU CITY OR TO MEDICAL STA DIRECTO PHYSIC	20b. IF YES, WE IN CERTIFY INC YES THE YES TO THE YES T	N PART 110 ERE FINDING G CAUSES () OR PART 2) COUNTY , the different the county 7 & 2 S	GS USED OF DEAT NO ST ST ST ST ST ST ST ST ST ST

Service and the service of the servi THE OIL STATES OF STATES OF STATES AND AND L. M. GLICK M.D. C. L. D. Strafferson Dissafile Local Materials ... L. 1917. 2872

STATE OF MARYLAND

- ALLOHOUS (A95.19 PA)TIL MERCE, OF THE CHARLES HOW IN THE

STATE OF MARYLAND

. 1	1	-9	1)	0	0
3		7	lu	7	7
220					- 1

1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYO ICATE OF DEATH	REG.	NO.	7 2 9	9 9
	CEASED NAME	FIRST		AIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYPE	E OR PRINT)	EDNA	CO	RNELIUS	F	KRITZ	July	29.	1983	9:22
3. SE	X		RACE		S. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female		White.		JULY	ie 10. 1914	69	YRS		HOURS MIN.
	IRTHPLACE (STATE ORF	OREIGN 7b	*****	WHAT COUNTRY?	8		9. BALTIMORE CITY	1.00		
4.4	est Virgini	0	U.S.A		WIDOWE	D NEVER MARRIED	Allegany			MD.
10 C	ITY OR TOWN OF DEA		. NAME OF		IG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS	OF WORKING	100001111	of thing specan
	imberland	ING HOME OF OT	Memori	al Hospi	tal		Seamtress)	Blous	e Company
130. S Ma	121502	136 COUNTY Alleg		Cumberla	N	13d. INSIDE CITY LIMITS? YES X NO [ie Stree	t
14. FA	Charles	MIC	DIE	Jewell	2	15. MOTHER'S MAIDEN NA FIRST Sarah	MIDDLE -		KÊ	ine
	WAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESS		
,	NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	220-10-	4041	Gerald Burke	tt-Address	same	as #13	above.
	18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), an	d (c .)					ONSET AND DEATH
TION	PART 2. OTHER SIGN	VIFICANT CO	NDITIONS CO	ilure, Re	DEATH BUT	NOT RELATED TO THE TERMINAL SEPTICE	AINAL DISEASE OR CO	min	GIVEN IN PART I	hic anewy 17
CERTIFICATION					OPERATIO		YES NO	INCER	TIFYING CAUSES YES []	
	OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 1	8 PART I OR PART 2)	
MEDICAL	21d INJURY OCCURR	ILE 🗀	21e. PLACE	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	City OR	TOWN	COUNTY	STATE
	220.1 certify that (M) saw the decease above, (I) (we) (c	ed alive an_		7/29/108	3	nd that in (my) (907) apinion	, to	date and h	our and from the	
	22b. SIGNATURE		Du.	د		DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN 🗀	224. DATE	1/29/83
	Dr. Aksh						rial Hospit	al & 2150		Center
	BURIAL, CREMATION,		23b. DATE	230 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	Burial		8/1/8	3 Rec	stlaw	n Mem'l. Garde	ns Cumberle	ind-Al	legany	CoMã.
24 F	UNERAL DIRECTOR G	eorge/					TE REC'D. BY REGISTRA			
	02 Greene						JG 0 4 1983	John	ndo Ca	welf
								<u> </u>		

BP.

.... virenating physicion and campletely filled in by the funeral remove carbon papers. Pages 1 and 2 shauld be filed within 72 hemotion, or removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion is should be detached for use as the burial-transit permit. Then please remove carbon papers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is morked or Item 18 shows any

DHMH - 16 50M 4/82 (VRA 15, 4)



All read the second

Sandi Lancor - II - contant Singal - todant Singal - contant Singal - contant - contan

Comments of the finance Home, P.A.

202 oreant Specification with the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 8	129	. 7	17	13
		0	U	U
REG	NO.			

	FOR STATE REGISTRAI			PEPARTMENT C			OF DEAT	H RE	7 G. NO.	3 0 0	
	CEASED N E OR PRINT]		lle F. Kr	MIDDLE		AST		DATE KNOW OF ESTI- DEATH MATE		-14 ₁₉ 8	7. 7.
Fe Fe	emale	4. RACE White	Jan.12, 1	906 6. AGE (H				DATE ONOUNCED DE AD	7-14	DAY YEAT	
Ta Bi	RTHPLACE	(STATE OR	76 CITIZEN OF WH	AT COUNTRY?	10	D NEVER MA	ARRIED .		egany	NTY OF DEATH	
	Cumb	or OF DEATH	Route 8	PITAL, NURSING HO SILITY, GIVE STREET ADDRE B, Box 386	\$\$])	R INSTITUTION	12a USUAL FOR MOS Supe		TYPE OF WORK	U1 S.	TDV
13c. 5		13b COUN	or other institution, giv UTY egany	e residence before adm 132. CITY OR TOW Cumberla		134. INSIDE CITY LIMIT YES NO	13. STREET Rt.	8, Box	386	21500).
	ATHER'S N.	Benja	min T. Huf			15. MOTHER'S MA FIRST Saber	a J. Bu	MIDDLE		LAST	
	ES, NO, OR UN N (RMED FORCES? E WAR OR DATES) Inly one couse per line	217-0148	72	Mrs. Sh		ADD		eat Niec	d.
	Cond gave cause lying	itians, if any, which rise to immediate (a) stoting the <u>under</u> cause last.	DUE TO, OR	as a consequent	CE OF	arcinoma.				3	yrs
FICATION	19a. DATE	OF OPERATION	19b CONDIT	ION FOR WHICH O	PERATION W	AS PERFORMED?				20 AUTOPS	
MEDICAL CERTIFICATION	UNDERLY	RNAL CAUSE WAS ING OR UTING CAUSE OF	DEATH P.M.	INJURY MONTH DAY Y 19 F INJURY (AT HOME	EAR	W INJURY OCCU	RRED LENTER NATI	URE OF INJURY IN II	IEM 18 PART I OR P	YES ART 2)	NO ST.
WED	WHILE			ORY, FARM, ETC.)		REET	c	ITY OR TOWN	C	OUNTY	
MED	deoth re	ertify that I took charge sulted fram: Natural RE	ge of the remoins described couses	ory, FARM, ETC.) Tribed obove, held o Accident ,	n Autops Suicide .	Hamicide Title (SPECIFY Deputy	ction . Undeterm	Inquiry X, nined manner	and in my o	opinion	
73a Bi	278 I deoth re ACTUAL SIGNATU EXAMINE (TYPE OR	NOT WHILE AT WORK ertify that I took chore sulted fram: Natural RE	ge of the remoins described couses	ory, FARM, ETC.) tribed obove, held of Accident , Accident , Mastrange	n Autops Suicide	Hamicide Title (SPECIFY Deputy Sacradoress	Ction X. Undeterm MEDICA Ted Hear	Inquiry X. nined manner ALEXAMINER THOSE	and in my of. DATE SIGN ital, Cu	7-14.	

And the first the comment of the co Situation Market and State Aller Property and the Control of the Cont

LOCALIST MANY	
1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
" " LEPLEY JULY	22 1983 5:00
3. SEX ARACE S. DATE OF BIRTH MONTH DAY YEAR 93 93	MONTHS DATS HOURS A
PR. BIRTHPLACE (STATE OR FOREIGN Pa. 15 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED Allegeny	
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF W.) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	ORKING LIFE) INDUSTRY
USUAL RESIDENCE (# NURSING HO/RE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STREET ADDRESS Somerset Hyndman YES NOX R D 1	9999
The Father's NAME MIDDLE Simon Alexander Lepley 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Simon Alexander Lepley Mary Ann Shoemake	
166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213 09 9878 Hazel Deffenbaugh I	National Hway La Vale, Md. 2
TOUR TEACHER TO THE PART I DEATH WAS DECEASED EVER IN U.S. ARMED FORCES? It is an applied to the property of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CONTRIBUTIO	ION GIVEN IN PART TIG: 10b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\sigma \text{NO} \)
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. NOTE: MEDICAL EXAMINED) 216. NOTE: MEDICAL EXAMINED 216. NOTE: MEDICAL EXAMINED 216. PLACE OF INJURY (AT HOME: STREET FACTORY, OFFICE, FARM. ETC.) 216. LOCATION STREET CITY OR TOWN	NITEM 18 PART I OR PART 2)
216. INJURY OCCURRED WHILE NOT WHILE	COUNTY STATE
sow the deceased alive an obove, (1) (we) (did) (do not) view the body after death. 276. I certify that (i) (into hospital) are not deceased from the decea	and hour and from the causes stated
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 222 ADDRESS	NO 7/2/
STORY OF STREET	- Cunterlas

DHMH - 16 50M 4/82

(VRA 15, 4)

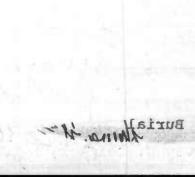
23e BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 13L DATE Cook's Cemetery 7/24/83/ Burial Southampton Twp, Somerset 24 FUNERAL DIRECTOR Harvey H. Zeigler, Hyndman, Pa.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

126 KIND OF BUSINESS OR

National Hway Vale, Md. 21502 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE



	deoth.
	offer
	hours
	24
	within
, L	executed
	Pe
	1. The low requires that the death certificate be executed within 24 hours ofter death
	death
	a de
	hot
, CO W	requires
	30
	The
AND THE PROPERTY OF THE PROPER	G PHYSICIAN.
	0

blueds

puo

· Pages

oval

0

0

the burial-transit and Mental Hygie certificate

00

0

12

FOR - STATE

(TYPE OR PRINT)

3 SEX

13g. STATE

Maryland

4 FATHER'S NAME

17h SIGNATURE

REGISTRAR

Male

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH MONTH I. DECEASED NAME FIRST DAY 25 HOUR 5:04 JULY 13. CLYDE LESTER 1983 LEWIS AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 4. RACE 5 DATE OF BIRTH MONTH White March 5. 1920 70 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia USA Allegany WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR IO CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Crossing Guard Railroad CUMBERLAND MEMORIAL HOSPITAL USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Route 9. Williams Road Allegany Cumberland 15. MOTHER'S MAIDEN NAME Charles M. Ella T. Saville 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO. 17 INFORMANT YES NO OR UNKNOWN War II Mrs. Idella V. Lewis, Cumberland, Md. Wife 236-12-3400 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [710 ACCIDENT WAS UNDERLYING 715. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 19 LIF EITHER NOTIFY MEDICAL EXAMINERS 211 LOCATION 71s PLACE OF INJURY 21d INJURY OCCURRED CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE WHILE 22a.1 certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE

Restlawn Mem. Gardens

174 PHYSICIAN'S NAME NOT CHIPPAT MEMORIAL HOSPITAL MEDICAL BUILDING QAMAR ZAMAN CIMBERLAND MARYI AND 230 BURIAL CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Burial

4 FUNERAL DIRECTOR James F. Scarpelli. Cumberland. Md.

ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN

LaVale.

220 DATE SIGNED

hospital

FUNERAL DIRECTOR.

0

be detoched te Stote Dept.

should be deto with the State IMPORTANT: I

ALL VIRECTY SHOV north transmitted to the untern in andicad With the Indicates, wheat Velichi -- 1 and the beautiful Par S-1929 Rentileder Jun. Telegon Lagale. Li Lestey Mg. Sand P. Jesupalli, University of the control of the

FOR

	STATE	OF M.	ARYL	AND	
DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
				DEATH	

1	7	3	0	3
1		(4)	U	U

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.				
	DECEASED NAME FIRST	2	MIDDLE	l e	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR .
L	Irene	8	/	Mac			37	29	83	-	DAM
3.	FEMALE	4 RACE WHIT	£	S. DATE C	Y 4, DAY 1886 FAR	6. A GE (IN YEARS LAST BIR	YRS	MONTHS	DATS	HOURS	MIN.
70	WASHINGTON, D.C.	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O ALLEGAN	Y CO	UNTY	ATH		MD.
10	CUMBER LAND		HOSPITAL, NURSIN		CENTER	120. USUAL OCCUPATION HOUSEWIFE			HOME	F BUSIN	ESS OR
	SUAL RESIDENCE (IF NURSING HOME OF STATE MARYLAND 136 COU	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13.427 NORTH	CEN	TER S	ST.	2/	502
14	FATHER'S NAME FIRST BENJAMIN B	ÜTLER	LAST		IDAST A. H			ħ,	LAS	1	
16	WAS DECEASED EVER IN U.S. AR	MED FORCES?	217-14-		GEORGE YOUN	G 744 WASHI	NGTO	n st	., C	UMB.	MD.
F	18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUSE		line for (a), (b), and	lici n	0.0 -				APPROXI	IMATE INTE	RVAL
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(c)_	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION	GIVEN IN	PART 1	0	
	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WER			TH?
	OR CONTRIBUTING CAUSE OF DE	P.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 1	8 PART I OF	PART 2]		
	214, INJURY OCCURRED WHILE NOT WHILE AT WORK	21a. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	City OR TO	wn 99	cc	DUNTY		STATE
	22a. certify that (1) (this hasp saw the deceased alive or abave, (1) (we) (did) (did no	7/4/8	19_		nd that in (my) (our) opinion	death occurred on the d	ote and h		from the		
	226 SIGNATUR	al	ww		ATTENDING PHYSICIAN	MEDICAL STAI		2	1/1	19/8	3
	224 PHYSICIAN NAME	AZM	05		302 S	chlest	. (in	Be	la	rd.
23	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	7/30/	'83 SU	NSET	MEMORIAL PARK	CUMBERIA	ND,	ALLE	GANY	, h	D.

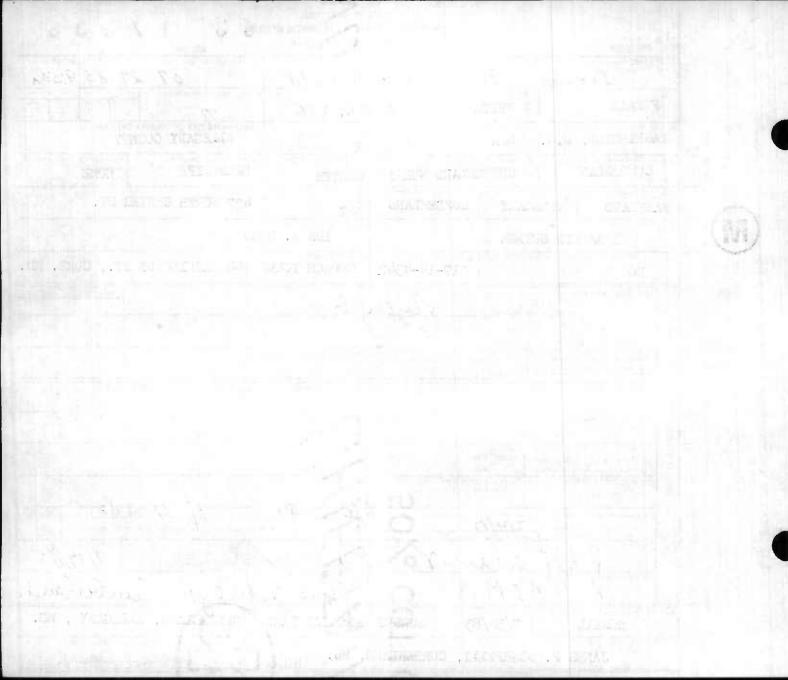
BP. DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. of Meolth and Mental Hygiene priar to burial, cremotion, or removal. IMPORTANT: If hem 21 is marked or hem 18 shaws any injury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

> 24 FUNERAL DIRECTOR JAMES F. SCARPELLI, CUMBERLAND, MD.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

retained by the haspital or attending physician.

BP. DHMH - 16 50M 4/8 (VRA 15, 4)

		REGISTRARWESTE CEASED NAME OR PRINT) JOHN	FIRST	MAS		ACHIN	REG. NO. 20. DATE OF DEATH MONTH JULY 10, 1983	DAY YEAR 2b. HOUR
	3. SE		4. RACE	WHITE		OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 71 YRS.	IF UNDER LYEAR IF UNDER S
35		RTHPLACE (STATE OR FOR		OF WHAT COUNTRY?	WIDOW		ALLEGANY COUNT	
59	CU	MBERLAND	SACR	ED HEART HO	SPITA	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE LABORER	12b. KIND OF BUSINES
35	USU/ 130 S	AL RESIDENCE (IF NURSING TATE MD)	G HOME OR OTHER INSTITU 3A GUEGA NY	TION, GIVE RESIDENCE BEFORE	PORT	13d. INSIDE CITY LIMITS? YES NO [13e. STREET ADDRESS 226 PHT LOS AVE	21562
10	14. FA	JOHN T	MIDDLE 9	MACH	HIN	BERTTE	MIDDLE	RANDALL
		VAS DECE ASED EVER IN	U.S. ARMED FORCE			17. INFORMANT ANNA MACHIN	WESTERNPORT, MI	21562
		Canditians, if any, gave rise to imme cause (a), stating underlying cause	the DUE TO	D, OR AS A CONSEQUE	ENCE OF	0 0	lneugh,	
	ATION	gave rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNII	diote the DUE TO Ics.	S CONTRIBUTING TO D	ENCE OF DEATH BUT	I NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	
	CAL CERTIFICATION	gave rise to imme cause (a), stating underlying cause	diote the last. DUE TO	S CONTRIBUTING TO D	DEATH BUT	I NOT RELATED TO THE TER ON WAS PERFORMED	MINAL DISEASE OR CONDITION GIV	S, WERE FINDINGS USED FYING CAUSES OF DEATI SS NO
	MEDICAL CERTIFICATION	gave rise ta imme cause (a), stating underlying cause PART 2 OTHER SIGNII 19e. DATE OF OPERATION 21e. ACCIDENT WAS ONDER OR CONTRIBUTING CA LIF EITHER NOTHEY MEDICA 21d. INJURY OCCURRE WMHE AT WORK NOTHER NOTHER AT WORK	DUE TO LOSS TO DEATH LEXAMINER) ZIE, PLA ZIE	S CONTRIBUTING TO E THE QITION FOR WHIGH AS CIF INJURY E STREET, FACTORY, OFFICE F	OPERATION	I NOT RELATED TO THE TER ON WAS PERFORMED	MINAL DISEASE OR CONDITION GIV 200. AUTOPSY? YES NOW YES NOW YES NOW YES CITY OR TOWN	S, WERE FINDINGS USED FYING CAUSES OF DEATI IS NO PART 1 OR PART 2)
	CAL	gave rise ta imme cause Ia), stating underlying cause PART 2 OTHER SIGNII 190. DATE OF OPERATION 210. ACCIDENT WAS ONDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOTIFY MEDICA 220.1 certify that (1) (1) saw, the deceased	DUE TO LOSS. REVING TIME TO LOSS. REVING TIME TO LOSS. REVING TIME TO LOSS. REVING TIME TO LOSS. THE TIME TO LOSS.	S CONTRIBUTING TO E IN QITION FOR WHISH ACCE OF INJURY E STREET, FACTORY, OFFICE F	OPERATION AY ISAR (9 ARM, ETC.)	NOT RELATED TO THE TER ON WAS PERFORMED FIG. HOW INJURY OCCU 211. LOCATION STREET 19 Ond that in (my) (aur) apiniar DEGREE	MINAL DISEASE OR CONDITION GIV 200 AUTOPSY? YES NO PRED YEE RRED (ENTER NATURE OF INJURY IN ITEM 18 F	S, WERE FINDINGS USED FYING CAUSES OF DEATH SS NO PART 1 OR PART 2) COUNTY ST 19 33, that (I) (w
/	CAL	gave rise ta imme cause (a), stating underlying cause PART 2 OTHER SIGNII 19e. DATE OF OPERATION 21e. ACCIDENT WAS ONDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE AT WORK 220.1 certify that (1) (1) saw the deceased above, (1) (we) (dic 221.5 JALIER 222.1 PHYSICIAN'S NAM	CONDITION CEFICANT CONDITION CO	S CONTRIBUTING TO E TO DITION FOR WHICH ACE OF INJURY E STREET, FACTORY, OFFICE F d the deceased from 19 ady after death.	OPERATION AY ISAR (9 ARM, ETC.)	PIC HOW INJURY OCCU 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN 270 ADDRESS	MINAL DISEASE OR CONDITION GIV 700 AUTOPSY? YES NOW YES NOW YERRED (ENTER NATURE OF INJURY IN ITEM 18 F	S, WERE FINDINGS USED FYING CAUSES OF DEATH SS NO PART 1 OR PART 2) COUNTY ST 19 33, that (I) (we are and from the causes start and from the cause start and from the causes start and from the cause start and from the causes

	0.0				- 111
					TERMINE.
451.5	sout 'or was	416	٥		1906
	71	in 3 in			
	ALESTON MANETAN	7.			
	6 74		W10224 23	(21 0380A)	
	. aya 2011 - 200	35	leyr, .		
ALCOHOLD				ę ()	151754
1 23 23	8		Co51 24 4		
			20		
			20 250 20		
			203 505		
			D1759		
12 011 040		TOTAL SATISMEN	10 TT 53	M AT SITUAN	Winder Control of the

completely filled in by the funeral dir

TO FUNERAL DIRECTOR: After this certificate has been signed by the othernding physicial should be detached for use as the burial-transit permit. Then please remove corban papers: with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony

FOR DEPARTMENT

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGENE
CERTIFICATE OF DEATH

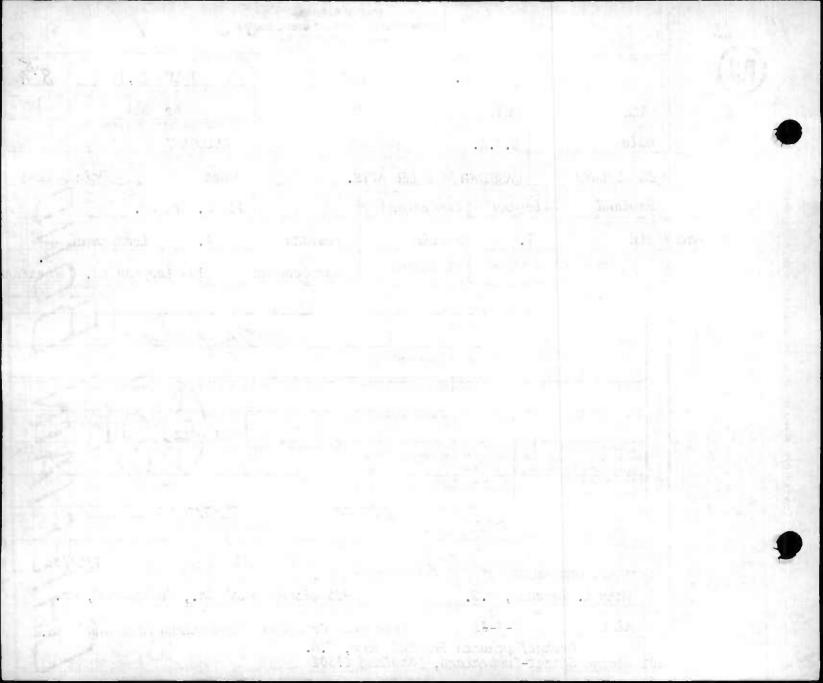
7	3	0	5
		-	-

	REGISTRAR				CERTIF	ICATE OF L	EAIR	REG.	NO.			
1. DEC	CEASED NAME OR PRINT)	FIRST	-	AIDDLE	L.	AST		20. DATE OF DEATH		DAY YEAR	2b HOL	UR
(TIPE	OR PRINT)	JOHN		A.	MAL	COLM		Jul	y 29	,1983	8	40 AM
3. SEX	(4	RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAY		R 24 HRS
М,	ALE		WHITE			28/01	TEAR		32 YRS	Indiana Ba	5 HOURS	MIN
7a. BII	RTHPLACE ISTATE OF	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	A A P P I E	D NEVER	AARRIED [9 BALTIMORE CITY	OR COUN	TY OF DEATH		
	hio		U.S.A.		WIDOWE	DIX DI	VORCED [ALLEGA				MD.
	TY OR TOWN OF D	EATH 1	(IF NOT IN SUC WASHING	HOSPITAL, NURSING HFACILITY, GIVE STREET A STON & LEV	S HOME C DORESS) E APT.		MOITUTI	TYPE OF WORK FOR MOS OWNER		LIFE) INDUSTR	OF BUSIN	
13n S	al residence (# No. Tate ryland	136, COUNT	other institution of any	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Cumberla		134 INSIDE C	NO [130 S. L	s ee St.	2150	22	
iba	THER'S NAME FIRST	Ť	DOLE	Malcolm	7.5	15. MOTHER!	MAIDEN NAM FIRST tta	A. MIDDLE	Le	eatherm	iast an	
	AS DECEASED EVE		ED FORCES?	166 SOCIAL SECUR		17. INFORMA	NŢ	ADD	RESS		Md.	
	ES. NO OR UNKNOWN)		The on pariety	21816490	3	June	Goodman	104	Loopn	nan Rd.	Cumba	erlan
CERTIFICATION	Conditions, if or gove rise to it couse (o), storunderlying cou	nmediate ting the se lost.	DUE TO, OF	R AS A CONSEQUER ONTRIBUTING TO D	NCE OF			NAL DISEASE OR CO	20b. IF Y	GIVEN IN PART TES, WERE FING	DINGS USE	
RTIF								YES NO	(YES 🗌	NO [
MEDICAL CE	21a ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTIFY MED 21d IN JURY OCCU WHILE NOT AT WORK AT W	CAUSE OF DEATH	P.I	M. MONTH DAY M.	19	211. LOCATION STREET	12 2.16	ED (ENTER NATURE OF IN		PART I OR PART?	- 201	TATE
	22s I certify that (sow the dece- obove, (I) (we)	osed olive on_	7/21/8	3 19	10/29		, 19 (our) opinion d	, to	/83 date and he		, that (1) (hé couses st	
	22b. SIGNATURE	P	Wa	sown	Ni	PEGREE	TTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN [TE SIGNED	
	Gary L.	Wagone	- 1/				ishop W	alsh Dr.,	Cumbe	rland,	Md.	
23e B	URIAL, CREMATION	, REMOVAL	23b. DATE			EMETERY OR		236 LOCATION CITY OR TOWN		COUNTY	ST	AIE
	Burial)	8-5-83	R	ose H	ill Cer		Cumberla		leganu	Md.	
	NERAL DIRECTOR	George	Upchur	ch Funera	e Hon	e, P.A.	25g. DATE	REC'D. BY REGISTRA	R 256 REGIS	STRAR'S SIGN	ATURE	
20	2 Greene	Street-	Cumber	land, Mar	yland	21502	LAUG	1 0 1983	Joan	- de la	ney	

DHMH-16 60M 1/73 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The Io

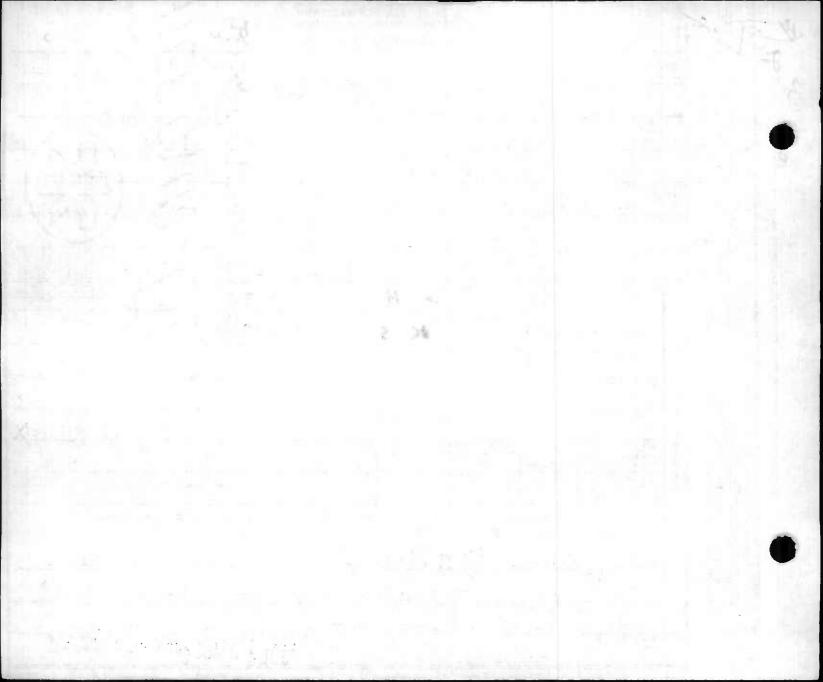
etoined by the hospital or



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	

1	7	-1	0	1
REG. NO.		0	U	0
REG. NO.				

	STATE REGISTRAR		ME	DICAL EXAMIN		FICATE	OF DEATH		REG. NO.	1 3	U
I. DI	CEASED NA/	AE FIRST		MIDDLE	LAST			OF ES		MONTH DAY	YEAR
		Earl		Michael	McCoy			EATH MAT	TED UT	4	1983
3, 58	X	4. RACE	5. DATE OF BIRTH	6 AGE IN YEAR LAST BIRTHD	ARS IF UNDER 1			DATE		YAC HINOM	YEAR
sec.	le	White	Sept. 3,		RS.	5 HOURS		DEAD		y 13,	1983
	OREIGN COUNTRY		76 CITIZEN OF W	HAT COUNTRY?	MARRIED W	NEVER MAR	9. B/	ALTIMORE	CITY OR	COUNTY OF	DEATH
7	aryland		U.S.A.		WIDOWED [DIVOR	arrange	Alle	gany		
	ITY OR TOWN		11. NAME OF HO	SPITAL, NURSING HOM	E, OR OTHER INST	ITUTION	120 USUAL C	OCCUPATION OF WORKING I	ON (TYPE OF		ND OF B
10	Cumberl	and		al Hospital			Bldg.				of
	AL RESIDENC	(IF IN NURSING HOME		IVE RESIDENCE BEFORE ADMISS		DE CITY LIMITS?	13e. STREET A	DDBECC			
7	Md.		legany	Flintstone				1 Box	218	1 2	45
14. F	ATHER'S NAA	NE .	MIDDLE	LAST	15. MC	THER'S MAIL	ENNAME	MIDOLE			LAST
1	Micha	ne1	Charles	McCov		Mary		L.			ibe
160.		ED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SECURIT		ORMANT		AF	DDRESS		
T,		MIM	E WAR OR DATES)	215-01-139	52 Mrs	.Patri	cia McC	ov F	lints	Box 21	Md.
	18 CAUSE	OF DEATH (Enter or	nly one cause per line	for (a), (b), and (c).)							PPROXIMA
	PARTIE	EATH WAS CAUSE	D BY:	MAT IN	yocardiAl	INFAF	RCTION			951	WEEN ONS
	1 41) IMMEDIA		AS A CONSEQUENCE						-	
	Canditi	ons, if any, which			Clerotic	Heart	- Digeas				
-		rise to immediate		ALLEZIO	CIETOCIO	, mear	Dincut	, .			6-1
		a) stating the <u>under</u>	DUE TO, OR	AS A CONSEQUENCE	OF						
	Tying co	ose iasi.	(c)								
	PART 2 DTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONC	ITIDN GIVEN IN P	ART 1 o				
MEDICAL CERTIFICATION											
71.8	190. DATE C	FOPERATION	196. COND	TION FOR WHICH OPER	RATION WAS PER	ORMED?				20 /	AUTOPSY
F											YES [
7 8		AL CAUSE WAS	21b. TIME O		21c. HOW INJ	URY OCCURR	ED (ENTER NATUR	E OF INJURY IN	TEM 18 PART	1	
N N	UNDERLYIN	G ☐OR ING ☐ CAUSE OF		NONTH DAY YEAR	R						
1 2	21d. INJURY		21e PLACE	OF INJURY (AT HOME.	21f. LOCATION						
X	WHILE	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	STREET		CITY	ORTOWN		COUNTY	
	AT WORK	AT WORK									
	220 I cer	lify that I took char	ge of the remains de	scribed above, held on	Autopsy	Inspecti	on XX In	quiry XX	and in	n my opinion	
		ted fam. Nati	rol causes X,	Accident , Su	ricide . He	omicide .	Undetermin	ed monner			
	death resu	ied godin. 14010			0						
		led voli.	Λ	Mach	. //TITL	E (SPECIFY)					
	ACTUAL	1201	~ D	10 0 St.	~ 1 1 V	e (SPECIFY)	MEDICAL	EY A AA INIED	,	DATE JU	ly 1
		1201	u l	laste	~ 1 1 V		MEDICAL	EXAMINER	2	DATE JU	ly 1
	ACTUAL SIGNATURE	Jou.	wil	Lastrangelo. 1	alfo De	puty					
230.1	ACTUAL SIGNATURE EXAMINER'S	NAME GIO	ovanni Mas	strangelo, i	1.D. ADDRES	puty Setor	Dr. C	umber			
230.8	ACTUAL SIGNATURE EXAMINER' (TYPE OR PR SURIAL, CREM. SPECIFY)	NAME GIONATION, REMOVAL	ovanni Mas	23c. NAME OF CE	1.D. ADDRES	Setor	Dr. C	umber	land,	, Md. 2	21502
	ACTUAL SIGNATURE EXAMINER'S	NAME GIO	ovanni Mas	23c NAME OF CE	4.D. ADDRES	Setor	23d LOCAT	umber	land,	, Md. 2	21502 e
24 F	ACTUAL SIGNATURE (TYPE OR PR SURIAL, CREM SPECERY) BURIAL CREM SPECERY)	S NAME GIO ATION, REMOVAL AI	DVanni Mas 23b. DATE July16,198	23c NAME OF CE	4.D. ADDRESS METERY OR CREM Of Faith atur St.	Setor	23d LOCAT CITY OR TO OVER 1 REC'D. BY REG	umber	land,	, Md. 2	21502 re



the ottending physicion

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, TO FUNERAL DIRECTOR. After this certificate has been signed by

IMPORTANT: If Hem 21 is morked or Hem 18 shows

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

etoined by the hospital or attending physician.

. 11				
V				
	n.			
	€.			
	7			
		40	46	

STATE OF MARYLAND

1	7	- 3	0	1
		0	U	

1 - STATE REGISTRAR		DEPART	CERTII	FICATE OF DEATH	REG. N	0.	3 0	
I. DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	YEAR	2h HOUR
(TYPE OR PRINT) DELIA	A ELI	ZABETH	MCDC	ONALD	July 13,	1983		5:44
3. SEX	4. RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) I	FUNDER 1 YEAR	IF UNDER 24 HRS.
Female	Whi	te	Jan.	15. 1904 YEAR	79	YRS.	ONTHS BATS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	OF DEATH	MD
10. CITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION OF WORKING LIFE)	INDUSTRY	OF BUSINESS OR
CUMBERLAND USUAL RESIDENCE (IF NURSING HOM		AL HOSPIT			Housewif	e	In	wn Home
130 STATE 136 CC		13c. CITY OR TOW Cumbers	/N	136 INSIDE CITY LIMITS?	13. STREET ADDRESS Jane F	razier	Villa	uge
14 FATHER'S NAME FIRST LOOMIS	C. Rinke	r		15 MOTHER'S MAIDEN NA Effic F	earl Hinkle		LAS	57
160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECL	JRITY NO.	17 INFORMANT	ADDR	ESS		
(1/ES, NO OR UNKNOWN) (1/F YES,	GIVE WAR OR DATES)	215-20-5	869	Mrs. Marie	Shryock, 01	dtown,	Md. Da	ughter
Conditions, if ony, which gove rise to immediate cause Io1, stating the underlying cause lost.	DIATE CAUSE (a) DUE TO, C	OR AS A CONSEQUE	ENCE OF	y Jackin			2d	IMATE INTERVAL ONSET AND DEATH
PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDING CAUSES	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF JIF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	DEATH HOUR A	DE INJURY .M. MONTH D. .M.	AY YEAR	21c. HOW INJURY OCCUR		RY IN ITEM 18 PAI		*
WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	FARM ETC)	STREET	CITY OR TO		COUNTY	STATE
220.1 certify that (1) (1) is had sow the deceased alove above (4) (we) (did) (did) 22b. SIGNATURE				nd that in my (our) opinion DEGREE				
9	Bellen	5	2		MEDICAL STA		/3	Jug 8)
DR. ANTHONY I		JR.		220. ADDRESS955 Fr Cumberland,	Maryland	21502		
230 BURIAL, CREMATION, REMOV	7-15-			CEMETERY OR CREMATORY WN Memorial G	23d. LOCATION CITY OF TOWN	ale. A	county 11egar	state

DHMH - 16 50M 4/B2 (VRA 15, 4)

MAME James F. Scarpelli, Cumberland, Md.

7-15-1983

Restlawn Memorial Gardens LaVale, Allegany,

250 DATE RECT. BY REGISTRAR'S SIGNATURE

250 DATE RECT. BY REGISTRAR'S REGISTRAR'S SIGNATURE

250 DATE RECT. BY REGISTRAR'S REGISTRAR'S SIGNATURE

250 DATE RECT. BY REGISTRAR'S REGISTRAR'S REGISTRAR'S SIGNATURE

250 DATE RECT. BY REGISTRAR'S REGIST Md.

rmma.[] and the state of t the transfer of the state of th

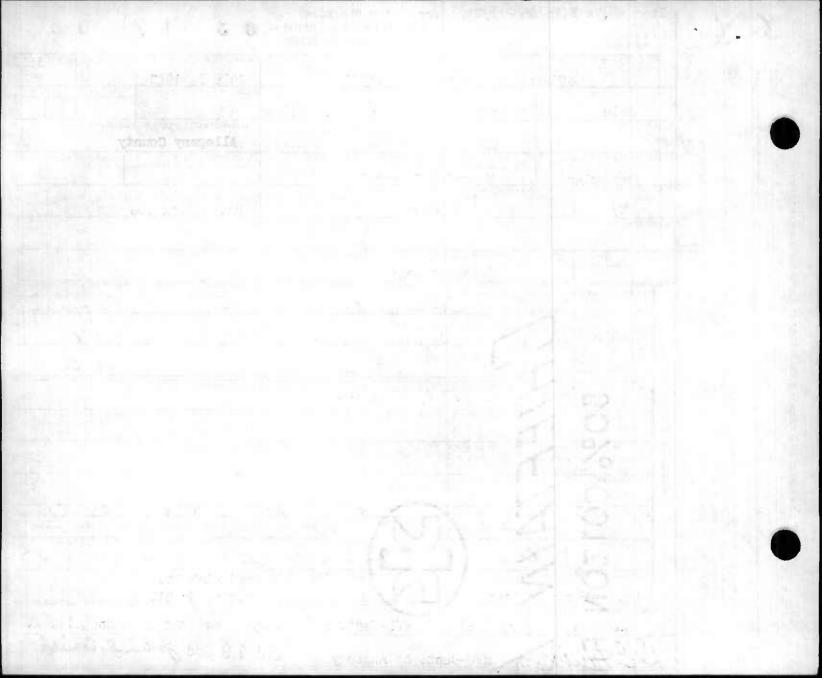
1.				DEFAR				0.	3 0	0
		FIRST	,	AIDDLE		AST .			DAY YEAR	26. HOU5: 13
111111		RUSSEL	L	BRISCO	MO	DONALD	July 5, 1	983		PM M
3. SE	(4	RACE				6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		Whit	е			65	YRS		
		DREIGN 76			MARRIE					MD
10. C			(IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS)					F BUSINESS OR
	AL RESIDENCE (IF NURSIN	G HOME OR OT	THER INSTITUTION	13c. CITY OR TO	RE ADMISSION)	136. INSIDE CITY LIMITS?	130 STREET ADDRESS Rt. 2, B	ox 208	99	1999
I/ F/	THER'S NAME FIRST	MIE	DDtE	LAST		15. MOTHER'S MAIDEN NA FIRST			LAS	oT .
				III CONTRACTOR		17 INFORMANT	ADDR	ESS	. 65	
	18 CAUSE OF DEATH	Enter only	ane cause per						APPROXI BETWEEN C	IMATE INTERVAL
				and	upo	environ an	nex-	4.01	en	nederi
			DUE TO, OI	R AS A CONSEOU	UENO OF				10 1	4
	cause (a), stating underlying couse	the lost.	(c)	,	UT	I			10 1	4
NOL	Co	PD	A	SCVD	5	-HP				14.5
TIFICA	190 DATE OF OPERATI	ON	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES NO	INCERTIF	YING CAUSES	
-	OR CONTRIBUTING CA	USE OF DEATH	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
MEDIC					, FARM, ETC)	211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
i,	220 1 certify (at 1)	this hospital	w/7000a		F - 4	nd that I (my) (our) opinion				that (we) lost couses stated
	obove (I) (Destal									
	obov. (I) (Vec(di 226. SIGNATURE	Bul	Lw.	oner deom:	2	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [22c. DATE	5-83
	obov. (I) Over(di 226. SIGNATURE	Bul	ln	orrer dedin.	2	ATTENDING PHYSICIAN	MEDICAL STA			
	226. SIGNATURE	ME (TYPE OR P	Cns	one dedin.	2	ATTENDING PHYSICIAN E		St.		
	1. DE((TYPE) 3. SE) 70. BI (USU/130. S	1. DECEASED NAME (TYPE OF PRINT) 3. SEX Male 70. BIRTHPLACE (STATE OF FOR COUNTRY) 10. CITY OR TOWN OF DEAT Cumberlar USUAL RESIDENCE (IF NURSIN 130. STATE WV 14. FATHER'S NAME FIRST 160. WAS DECEASED EVER II (YES. NO OR UNKNOWN) 18. CAUSE OF DEATH PART 1. DEATH WA Conditions, if ony, gove rise to imm cause (a), stating underlying couse PART 2 OTHER SIGN (IF EITHER NOTHEY MEDIC. 216. INJURY OCCURRI WILL AT WORK 220. I certify 1 (a) (1) 10. OT WHILL AT WORK 220. I certify 1 (a) (1)	- STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) RUSSEL 3. SEX Male 76. BIRTHPLACE (STATE OR FOREIGN TECOUNTRY) 10. CITY OR TOWN OF DEATH Cumberland USUAL RESIDENCE (IF NURSING HOME OR O' 130. STATE 138. COUNT WY 11 FATHER'S NAME FIRST MIT 160. WAS DECEASED EVER IN U.S. ARM (YES. NO OR UNKNOWN) (IF YES GIVE VES. NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO PART 2 OTHER SIGNIFICANT CO 190. DATE OF OPERATION 191. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 220.1 certify 1 (a) (this hospital)	TOUTH TO THE PROPERTY OF THE P	TO CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORM ID CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORM ID CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORM ID COUNTY WW IN FATHER'S NAME FIRST MIDDLE LAST IS CAUSE OF DEATH IEINTER ONLY IF YES GIVE WAR OR DATES) CONDITIONS IN MEDIATE CAUSE (a) DUE TO, OR AS A CONSEON CONTRIBUTING TO CONDITIONS DUE TO, OR AS A CONSEON CONTRIBUTING TO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING COUSE LOST. IP OR DATE OF OPERATION IP DEATH WAS CAUSE OF DEATH USE CAUSE OF DEATH IEINTER ONLY IN MEDIATE CAUSE (b) DUE TO, OR AS A CONSEON (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO A S C D TO OR AS A CONSEON IP OR DATE OF OPERATION IP OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH CIFETHER NOTIFY MEDICAL EXAMINER) 216. NIJURY OCCURRED 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	TOTAL REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) RUSSELL RACE Male 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) VISA 10. CITY OR TOWN OF DEATH USA USA USA WIDOWE 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDRESS) Cumberland Wemorial Hospita USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE DECEMBER OF ADDRESS) 136. STATE W 14. FATHER'S NAME FIRST MIDDLE 136. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OR UNKNOWN) 18 CAUSE OF DEATH LENTER ONly one cause per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY: (YES. NO OR UNKNOWN) 19 DUE TO, OR AS A CONSEQUENCE OF UNDERLOADS CONDITIONS CONTRIBUTING TO DEATH BUT AS CAUSE OF DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT AS CAUSE OF DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT AS CAUSE OF DEATH 190. DATE OF OPERATION 190. CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING TO A SUNDERLYING TO A SUNDE	THE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) RUSSELL BRISCO MCDONALD 3. SEX Male A. RACE A. RACE A. RACE A. RACE S. DATE OF BIRTH MONTH DAT TARRIED MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED TO CUMBETLA TO CUMBETLA TO CUMBETLA TO COUNTRY WISCOUNTY USA TO CITIZEN OF WHAT COUNTRY? MARRIED MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED TO MONTH INSTITUTION WE RESIDENCE SECRET AMMISSION TO MONTH INSTITUTION WE RESIDENCE SECRET AMMISSION TO COUNTRY WE ARREST TOWN TO THE THER'S NAME FIRST MODIE LAST 15. MOTHER'S MAIDEN NA FIRST MODIE 16. WAS DECEASED EVER IN U.S. ARMED FORCES? TO CONDITIONS ON UNKNOWN) TO CONDITIONS, If ONLY WHICH DOWN FOR STAFFE TO WE SERVE TO WHAT COUNTS ON THE INSTITUTION TO CONDITIONS, IN THE COUNTRY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for 101, (b), and icc. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, INTO ON WHICH OPERATION WAS PERFORMED TO CONTRIBUTING COUSE (b) TO CONTRIBUTING COUSE (b) TO CONTRIBUTING COUSE (C) TO COU	TSTATE REGISTRAR I. DECEASED NAME (1797 C. 47816.1) RUSSELL BRISCO MCDONALD JULY 5, J 3. SEX Male White SDATE OF BRITH MONTH 11 5 18 6. AGE (INTARAS LASTER MARRIED DAY ON COUNTRY) WIDOWED DAY MARRIED DAY ALSE MARRIED DAY ON COUNTRY) I. DAY TEAS 6. AGE (INTARAS LASTER MARRIED DAY ON COUNTRY) WIDOWED DAY ALSE MARRIED DAY ALSE MARRIED DAY I. B. BALTIMORECITY C Allegany II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION II. CITY OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. CITY OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. SUSUAL OCCUPAT (IP ON HOSPITAL) III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. SUSUAL OCCUPAT (IP ON HOSPITAL) III. NAME OF HOSPITAL III. NAME OF HOSPIT	1. DECEASED NAME REGISTAR RUSSELL RRISCO MCDONALD July 5, 1983 3. SEX Male **RACE **White **In 5: Date of brith **ONDITED 5: DATE OF BIRTH **ONDITED 6: AGE (**V*LAS) LAS)* BRITHODAY **JEAN FOR MARRIED **JEAN FOR MARRIED	REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR RUSSELL BRISCO MCDONALD JULY 5, 1983 3. SEX Male 1. RACE S. DATE OF BIRTH MONTH DAY YEAR MONTH DAY YEAR

WVU-Dept. of Anatomy

Item #4,7a Film G582 8/25/83 rc

DHMH - 16 50M 4/B2

(VRA 15, 4)



am	
4	
Pog	
deoth	
ofter	
hours	
24	
within	
73	
executed	
Pe	
cote	
certif	
deoth	
the c	
hot	
es.	
regui	
NO.	
The	CION
Z	phys
Q	0
HXS	ndin
IG P	offer
N	0 70
Z	lat
I	Spif
TO HOSPITAL OR ATTENDING	ho
0 7	the
TIC	by
OSE	Pa
I	etoin
0	reto

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 71 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumotic event, the medical around

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

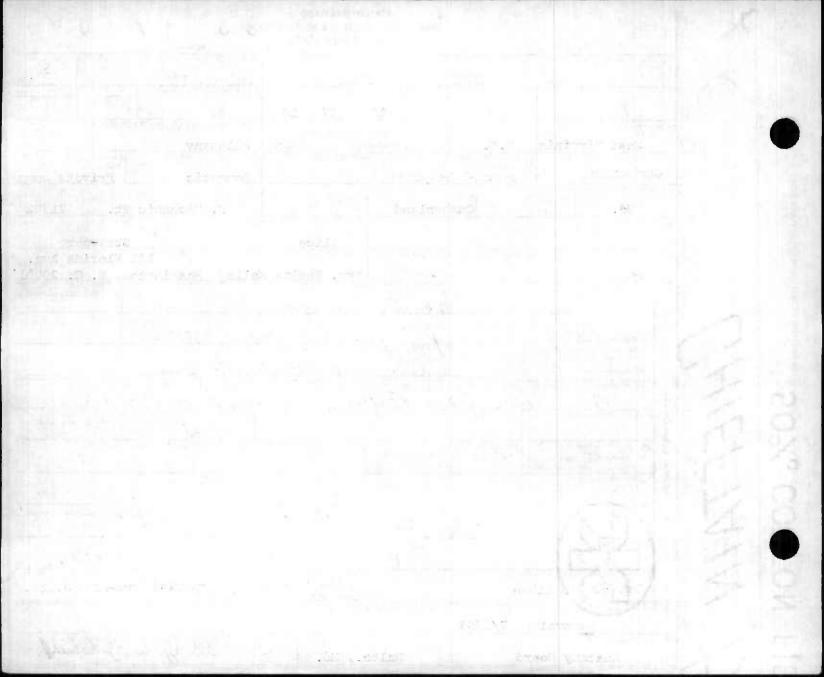
REGISTRA	i.R			661(111	ICAIL OI DI		REG. NO).			
L DECEASED NA	ME FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUF	
(TYPE OR PRINT)	MAR	Y V	IRGINIA	M1	ERCIOUS	12.	July 1, 19	83		9:5	UΔΛ
3. SEX		4 RACE	LICHTIL	5. DATE (& AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 2	
E		7/100		MONT		YEAR			ONTHS DATS	HOURS	MIN.
DIDTI IDI ACE		BIACI		10	27	16	66	YRS.	OFDEATH		
COUNTRY)	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUR	MARRIE	D NEVER M.	ARRIED -	9 BALTIMORE CITY OF	COUNTY	OF DEATH		
	: Virgini			WIDOWI		ORCED 🛣	Allegany				M
O CITY OR TOW			HOSPITAL, N	URSING HOME	OR OTHER INSTI	IUTION	126 USUAL OCCUPATION			OF BUSINES	SSOF
Cumber	land		ial Hos				Domestic		0.50	ate h	ome
USUAL RESIDEN	CE (IF NURSING HOM	OR OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)			1				
Md.	13b. CC	LIVE	Cumbe:		YES T	Y LIMITS?	N. Mech	ania	C+	215	:02
4 FATHER'S NA		1111	јешње.	LLand	15 MOTHER'S			lalite	DL.	213	002
FIRS		MIDDLE	LAS	51		IRST	WIDDLE	9	LA		
					Alic				Strawd		
60. WAS DECEA		ARMED FORCES?	166. SOCIAL	SECURITY NO.	17 INFORMAN	IT.	ADDRE	⁵⁵ 131	Flori	da Av	g.
No			220-3	0-8208	Mrs. Th	nelma I	Kelley Wash	ningto	n, D.	C. 20	000
18 CAUSE	OF DEATH (Ente	anly ane cause pe	r line facus). (b) and to Y.	1				APPRO)	XIMATE INTERV	VAL
PART I	DEATH WAS CAL	JSED BY:	Dr	h. the	Prous	menja					
	IMMED	HATE CAUSE (a)	[/3	Dira7100	1100	1101110					
55	5850 DUE TO, OR AS A CONSEQUENCE OF										
Condition	r if and objet	(SK AS A COL	Jack b	acre di	1. wise	dow reger	Tion			
	Conditions, if any, which (b) Vast philade Window 7500/100								_		
cause (cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
underlyin	underlying cause last. (c) Uremic Derication with effusion										
PART 2 O	PART 2 OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IMPPART TO										
19a DATE (Chronic	Ceral	Carpe	(ad	Chair	1/40/0	me theris	-, 8CTO	& blee	colone	
T 190 DATE	OF OPERATION	196 CONE	DITION FOR W	HICH OPERATIO	N WAS PERFOR	MED	20d AUTOPSY?	20b. IF YES,	WERE FIND	INGS USED	1
문						V	VECT HOT		ING CAUSE	NO T	
- 10000	INT WAS UNDERLYING	C 231 TIME	OF INJURY		Tal. HOW IN	LIDY OCCUP	YES NO NOUN			NO L	1
0.0.00.000.00	LUTING CAUSE OF			H DAY YEAR	ZIC HOW IN	UKT OCCURR	CED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OF PART 2)		
(IF EITHER	NOTIFY MEDICAL EXAM		P.M.	19							
CIF EITHER	YOCCURRED		OF INJURY		21f LOCATIO	N	CITY OR TO	MAI	COUNTY	¢1	1 A 1 E
WHILE AT WORK	NOT WHILE	(AT HOME S	TREET, FACTORY, C	OFFICE FARM, ETC)	STREET	,	CITORIO	, ,	,	31	MIL
			L- 16 1 1 1		6/97/	10 67		6/201.	007	4	- 1
	,	ispital) attended t	L/70	10		. 19	, to	6/34	9	, that (l) (w	
sow	sow the deceased alive an										
22b. SIGN	ATHIRE I SE		1 1		DEGREE				77: DATE	SIGNED	
1	ATTENDING NOW PROPERTY.					MEDICAL STAF	F	61	30/83		
22d PH	CIAN'S NAME IN	PE OR PRINT)		11.9	22e. ADDRESS		DIRECTOR PRISIC	IAIT [1	10	-
	1				Medica	1 Buil	ding, Memor	ial Ho	SD-AT	Ted Ct	- 40
DE.	N. Ranj:	LLIIAII			Cumber	land.	ding, Memor	LUL III	miles or t	iou. ot	w.k.
	MATION, REMOV	AL 23b. DATE		23c. NAME OF	EMETERY OR CI	REMATORY	23d LOCATION			100	
(SPECIFY)	Remova	1 7/2	/83	-/			CITY OF TOWN		COUNTY	51	TATE
4 FUNERAL DIF			, 55	1		75# . DAT	F REC'D BY REGISTRAD	25K DECISTO	AR'S SIGNA	TUREA	4
NAME			ADD	DRESS		JUL	E REC'D. BY REGISTRAR	Tole.	2.6	eheld	
7	matomiz E	0220		Do I to	AM A			1000	-		100

Balto., Md.

DHMH - 16 50M 4/B2 (VRA 15, 4)

Anatomy Board

BP.



1 .				
X	ı			
	L	1	P	
- 4		1		
		1		

oth. Page 4 may be

STATE OF MARYLAND

0	200 35	1	ing		2	-
0	3			5		0
	DEC N	10		-		4

	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3 1 7			
	DECEASED NAME FIRST MIDDLE TYPE OR PRINT) CATHERINE V.		MORELAND	July 15, 1983	7:25 A M		
	3. SEX Female	4. RACE White	5. DATE OF BIRTH March 4, 1887	96 YRS			
	7a. BIRTHPLACE (STATE OR FOREIGN Maryland	76. CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	Allegany	DEATH MD.		
)	Cumberland	Memorial Ho	NURSING HOME OR OTHER INSTITUTION ESTREET ADDRESS) OSPITAL& Medical Ctr.	(TYPE OF WORK FOR MOST OF WORKING LIFE)	izb kind of Business or Industry Grocery Store		
		UNTY 13t. CITY O	berland YES NO A	13e STREET ADDRESS Creek Road	102		
	14 FATHER'S NAME FIRST William	m Moreland	15. MOTHER'S MAIDEN NA	Mary Elizabeth Sha	tzer		
	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (# YES,	GIVE WAR OR GATEST	.0-8684 Mr. Victor	Moreland Cumberla	nd, Md. Nephew		
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN	DUE TO, OR AS CON (b) DUE TO, OR AS CON (c) T CONDITIONS CONTRIBUTION	CENCEDED & CVI				
	THE DATE OF OPERATION IN DATE OF OPERATION IN DATE OF OPERATION		WHICH OPERATION, WAS PERPORMED	YES NO NO YES	and the state of t		
	The Insulative Control of the Insulative Medical transition of the Insulative Medical transition of the Insulative Medical transition of the Insulative Medical Insul	THE PLACE OF INJURY AT HOME, STREET VACTORY. ADDITION TO THE DESIGN OF	other, carrier of the Day YEAR 19 Other, carrier of the Control of	lding, Memorial Hos	that (I) (we) last and from the course shated		
	Ration, REMOV. (SPECIFY) Cremation	7-15-1983	Rosedale Funeral Cha	73d LOCATION	OUNTY STAIR		
	74 FUNERAL DIRECTOR	carpelli, Cumb		TE REC'D BY REGISTRANDIA REGISTRA	PS KON ATURE		

DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur should be detached for use as the bunal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, at other traumatic event, the medical examiner mass be partitled as

Vo d . d doors Tetra horston, baseriand, ha lephon All a seculosition / seculo forest soldiness (Sec. 4-7) darm s. restroditt, bunberters, M. requires that the death certificate be executed within 24 hours after death. Page 4 may be

		STATE 108 VI	LLI FOR RGINIA	UNERAL I A AVENUI MD 2151	DEPARTA	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH LAST		EG. NO.	7 3	26. HOUR
	(TYPE	AGI	NES	CE	CELIA	NI	XON	JULY	1, 198	3	11:35
Sh	3. SE	x Female		White			of Birth g. 17, 1889	6. AGE (IN YEARS)	AST BIRTHDAY)	MONTHS DAYS	
益	We	st Virgini	a	USA		WIDOW		ALLEGANY COUNTY,			
300				11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) SACRED HEART HOSPITA			OR OTHER INSTITUTION	178. USUAL OCCUPATION (TYPEC WORK FOR MORKING LIFE) INDUSTRY. IN OWN:			
25					GIVE RESIDENCE BEFORE 134 CITY OR TOWN Cumberla		138, INSIDE CITY LIMITS? YES 🔼 NO 🗌	200 Seymour St.			502
Comme de la comme				Maloney LAST			15. MOTHER'S MAIDEN NAME PIRST Bridge	MIC	e e	4	AST
medicol		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	16b. SOCIAL SECUI	RITY NO.	Mr. Bernard	/	, Cumbe	rland,	Md. Sc
1		gove rise to improve (a) status	mediote	(b)_	DASAGONISEOUS	NCFO	- fixeus	ever	- 10		
y injury, or other tr	TION	gove rise to immoduse (o), static underlying couse PART 2 OTHER SIGN	mediote ng the e lost.	ONDITIONS C	R AS A CONSEQUE	DEATH BU	Or Pulcher				
hows ony injury, or other tr	RTIFICATION	gove rise to immore couse (a), statis underlying couse	mediote ng the e lost.	ONDITIONS C	ONTRIBUTING TO D	DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR 200 AUTOPSY YES NO	? 20b. IF Y	GIVEN IN PART I	INGS USED
frem 18 shows ony injury, or other th	CAL CERTIFICATION	gove rise to immoduse (o), static underlying couse PART 2 OTHER SIGN	mediate ng the lost. NIFICANT C	196 COND	ONTRIBUTING TO D	DEATH BU	ON WAS PERFORMED	200 AUTOPSY	? 20b. IF Y	YES, WERE FIND TIFYING CAUSE YES	DINGS USED ES OF DEATH
orked or tem 18 shows ony injury, or other tr	MEDICAL CERTIFICATION	gove rise to imit couse (0), storing underlying couse PART 2 OTHER SIGN 19e. DATE OF OPERA 21e. ACCIDENT WAS UNIOR CONTRIBUTING (1)	mediate ng the solution NIFICANT C TION DERLYING CAUSE OF DEA ICAL EXAMINER RED	19b COND 19b COND 19b COND 19b COND 19b COND 19b COND 19b COND	ONTRIBUTING TO D	OPERATION Y YEAR 19	ON WAS PERFORMED	200 AUTOPSY YES NO	? 20b. IF Y	YES, WERE FIND TIFYING CAUSE YES	DINGS USED ES OF DEATH NO
in 21 is morked or them 8 shows ony injury, or other tr		gove rise to immodule to the couse of the co	medicte ng the is lost. NIFICANT C TION DERLYING C CAUSE OF DEA CAL EXAMINER RED RED (this hospit	196 CONDITIONS C. 197 CONDITIONS C. 198 CONDITIO	ONTRIBUTING TO D ITION FOR WHICH I OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	OPERATIC OPERATIC Y YEAR 19	216 HOW INJURY OCCURS 211 LOCATION STREET 210 And that in (my) (our) opinion of	200 AUTOPSY YES NO RED (ENTER NATURE O	? 20b. IF Y IN CER	VES, WERE FIND TIFYING CAUSE YES 8 PART I OR PART 21 COUNTY 19 8 1	STA
ANT: if them 21 is morked or them 18 shows ony injury, or other th		gove rise to imicouse (0), storic underlying couse PART 2 OTHER SIGN 19e. DATE OF OPERA 21e. ACCIDENT WAS UNION OR CONTRIBUTING (IFETHER NOTHY MEDI 21d IN JURY OCCUR WHILE NOTHY MEDI 270. I certify that (1) saw the decease above, (1) (we) to 270. SIGNATURE	mediate mg the control of the contro	19b COND 19b COND 19b COND 19b COND 21b. TIME C HOUR A P. 21e. PLACE (AT HOME, ST 101) attended th	ONTRIBUTING TO D ITION FOR WHICH I OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	OPERATIC OPERATIC Y YEAR 19	216 HOW INJURY OCCURE 211 LOCATION STREET 212 ATTENDING PHYSICIAN	200 AUTOPSY YES NO RED (ENTER NATURE O	? 20b. IF Y IN CER OF INJURY IN ITEM I TORTOWN	VES, WERE FIND TIFYING CAUSE YES 8 PART I OR PART 21 COUNTY 19 8 1	STA., that (I) (we
MAPORTANT: If them 21 is marked or them 18 shows ony injury, or other tr		gove rise to immodule to the couse of the co	medicte mg the property to the	19b COND 19b	ONTRIBUTING TO D ITION FOR WHICH I OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	OPERATIC OPERATIC Y YEAR 19	216 HOW INJURY OCCURS 711 LOCATION STREET 710 A 19 A	200 AUTOPSY YES NO RED (ENTERNATURE OF THE NATURE OF THE N	? 20b. IF Y IN CER OF INJURY IN ITEM I TORTOWN STAFF HYSICIAN	VES, WERE FIND TIFYING CAUSE YES 8 PART I OR PART 21 COUNTY 19 8 1	STA , that (I) (we see couses state

DHMH - 16 50M 4/ (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or offending physician.

Aintail Times Normania Ta Cum House MATTER TOTAL SACRET STORE STANFARD THE DOWNER ST. BUILDING nol del bunfaccion month liberte in. Papetter and the second second Dazio di manana And the state of t diges . . . de . businessaub . Historian . 4 acous

10 HOS ITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be incomined by the housing or ottending physicion.

10 FUNERAL DIFFCTOR: After this certificate has been signed by the ottending physicion and completely fill beautified to use as the buriol-transit permit. Then please remove corbanpapers. Pages 1 and 2 than with the State Destrict Medith and Mental Hygiene prior to buriol, cremotion, or removal.

1. D	REGISTRAR CUMBERLA DECEASED NAME FIRST PRE OR PRINT) NORMA	,	IFFE		CLIMA	JULY 14, 1983		OOA M
3. S	Female	4. RACE White		5. DATE C	CUM DE BIRTH 7, DAY 1916 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)		DER 24 HRS
	BIRTHPLACE (STATE OF FOREIGN COUNTRY VIrginia	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OR COU	INTY OF DEATH	MD
mark the same	CITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET, HEART HO	IG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKH Housewife	IZB. KIND OF BUS INDUSTRY IN OWN	
Md	SUAL RESIDENCE (IF NURSING HOME OF TATE 136 COL	or other institution, INTY .egany	GIVE RESIDENCE SEFORE 13. CITY OR TOW Cumberl	'N _	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS Queen City To	21500 owers-Paca S	t.
7 11.1	FATHER'S NAME FIRST Edward	Shears	LAST		15. MOTHER'S MAIDEN NA Mattie		LAST	
160.	(YES NO OR LINGUISM) (IF YES, G	RMED FORCES?	219-14-0		Mrs.Shirley	D'Atri, Mrs. F	Daug Rita Wilson	hters
	Conditions, if any, which gave rise to immediate	DUE TO, O	R AS A CONSEQUE	ENCE OF	ca p	bolism f the lung		NIERVAL AND DEATH
FICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OI DUE TO, OI DUE TO, OI CONDITIONS	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D	ENCE OF LOCATH BUT	Ca of Meles	IN CE	I GIVEN IN PART 110 F YES, WERE FINDINGS U ERTIFYING CAUSES OF DI	JSED EATH?
AL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION	DUE TO, OI DUE TO, OI CONDITIONS CO 19b CONDITIONS CO 19b CONDITIONS CO HOUR A.	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E OTHER STANDARD ONTRIBUTING TO E OTHER STANDARD ONTRIBUTING TO E OTHER STANDARD OTHER	ENCE OF CONTROL OF CON	ON WAS PERFORMED	20a AUTOPSY? 20b. II	FYES, WERE FINDINGS U ERTIFYING CAUSES OF DI YES NO	JSED
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION	DUE TO, OI DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO 19b CONDITIONS CO 19b CONDITIONS CO 19b CONDITIONS CO 19b CONDITIONS CO 21b TIME OI P. P	R AS A CONSEQUE R AS A CONSEQUE CONTRIBUTING TO D ITION FOR WHICH IF INJURY M. MONTH DA M.	ENCE OF ENCE OF OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 20b. H	FYES, WERE FINDINGS U ERTIFYING CAUSES OF DI YES NO	JSED EATH?
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	DUE TO, OI DUE TO, OI CONDITIONS CC 19b CONDITIO	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E ITION FOR WHICH ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY GET, FACTORY, OFFICE, F e deceased from 19 11 11 11 11 11 11 11 11 1	ENCE OF ENCE OF OPERATIO	21t LOCATION STREET 21 d LOCATION STREET And that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? 20b. II IN CE YES NO NO IN CE RED (ENTER NATURE OF INJURY IN ITEA CITY OR TOWN death accurred on the date and	FYES, WERE FINDINGS UERTIFYING CAUSES OF DI YES NC COUNTY 19 1, 1hot (1 hour and from the cause:	ISED EATH? STATE I) (we) lost s stoted
MEDICAL	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 17. IN THE AT WORK AT WORK 270. I certify that (I) (this has sow the deceased alive or obove, (I) (we) (did) (did of or obove, (II) (we) (did) (did of or obove, (II) (we) (did) (did of or obove, (II) (we) (did) (did of other cause)	DUE TO, OI DUE TO, OI (c) CONDITIONS CO 19b. CONDITIONS CO 19	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA OF INJURY PRET, FACTORY, OFFICE, F office deceased from office deceased.	ENCE OF ENCE OF OPERATIO	21c HOW INJURY OCCUR 21c HOW INJURY OCCUR 21c LOCATION STREET 19 19 10 11 12 12 13 14 15 16 17 18 18 18 18 18 18 18 18 18	200 AUTOPSY? 20b. IIN CE YES NO NO NO ENTER NATURE OF INJURY IN ITEA CITY OR TOWN death accurred on the date and	FYES, WERE FINDINGS UERTIFYING CAUSES OF DI YES NC COUNTY COUNTY 19 3 , that (thour and from the cause: 22c. DATE SIGNI	STATE STATE (we) los s stoted ED B B SSED STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

the Tuneral director, page 3

THE REPORT OF LANGUAGE K VITE OD MARSELIA Contextand Society Alvertant Compariso II Companies The son terrors of the result of the son that the son the son of the son the s organization and the world bear the wife wilcom JOHN PERMIT REPORT NO. COO. OF SENTEN DOLLY. COMPERATOR PROPERTY. PROPERTY. . All W. Letter I . Tellas from the training the state of ares N. correll, the orland, Mr.

	1-	FOR STATE REGISTRAR		DEPARTMENT OF H		MENTAL HYGIE		7 3 NO.	1;	3
ii.	(TYP	CEASED NAME FIRST	BERNARD PE	MIDDLE	LAST		20. DATE KNOWN OF ESTI-		DAY YEAR	26 HOUR
3	SEX		15. DATE OF BIRTH	6. AGE (IN YEAR		R. TIF UNDER 24 HRS	DEATH MATED	MONTH	4-83 DAY YEAR	0400
4		M Cau	July 4.	1915 68yrs		HOURS MIN	PRONOUNCED DEAD	7-24-83	19	0730
	FO	RTHPLACE (STATE OR BEIGN COUNTRY) Laryland		76. CITIZEN OF WHAT COUNTRY? USA MARRIED NEVER MARRIED				Y OR COUNTY	OF DEATH	MD
)	C	ty or town of death umberland	221 08	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS) AK Street		Ret	MOST OF WORKING LIFE)		or indust Boiler	TRY
	JSUA 3a S	L RESIDENCE (IF IN NURSING HOME FATE 136 COUI ATTE	OR OTHER INSTITUTION, GIV NTY Egany	13c. CITY OR TOWN Cumber la	13d. INSIDE	ECITY LIMITS? 13e ST	REET ADDRESS 221 Oak St	reet 2	1502	}
			W. Peer	ŁAST			a Hotti		LAST	
	160 V	VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166. SOCIAL SECURITY 214-05-7478	3/		Peer, Cumb		Md. W	ife
		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIA	ED BY: ATE CAUSE (0)	for (o), (b), ond (c).) Cardio-pulm AS A CONSEQUENCE OF		rest			SUDDE	ET AND DEATH
	4	Conditions, if ony, which gove rise to immediat	e (b)	Post-myocar		arction	ш		Ten y	ears
		couse (a) stating the <u>under</u> lying couse lost.	DUE TO, OR	AS A CONSEQUENCE OF		nt disease			Ton	
1		PART 2 OTHER SIGNIFICAN) CONDITION	(c)	Coronary ar			e		Ten y	ears
4	NO			pulmonary d		TON OTHER IN FART FIG.				
7	CATI	190 DATE OF OPERATION		ION FOR WHICH OPERA		DRMED?			20 AUTOPSY	?
1	CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF	BALLIDY	Tal. HOW IN HUI	DV OCCUPANT			YES 🗌	NO [X
I		UNDERLYING OR	HOUR A.M.	MONTH DAY YEAR	ZIC HOW INJUR	KT OCCURRED (ENTER	R NATURE OF INJURY IN ITEM	18 PART I OR PART 2	1	
	MEDICAL	210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE O		21f. LOCATION STREET		CITY OR TOWN	COUNT	Υ	STATE
		22a certify that took char death resulted from Nate ACTUAL SIGNATURE	7	Acciden , Suici	TITLE	Inspection X, nicide Unde (SPECIFY) t. Dpty MEI	etermined manner	ond in my opini DATE SIGNED.	7-24-	83
4	2 - 61		ul Snow, M		ADDRESS		al Hospita	1		
12		JRIAL, CREMATION, REMOVAL Burial	7-27-1983	Restlawn			La Vale, A	llegany	, Md.	TATE
	24. FU	NAME James F. Sc	arpelli, C	umberland, l	Md.		9 1983	GISTRAR'S SIG	shelf	1

DHMH-17 (VR A15 ME (5)) 15M 2/80

and the second of the second o

As an Indiana, Afferday, of soul

	dec
	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after dec retained by the hospital or attending physician.
	Jrs o
7.	hot
Z	124
	ithi
¥	0
Ď,	acut.
2	ě.
	e pe
20	Icat
2	erfi
0	th
g	dec
	the state of
_	tha
7,	S S
DIVISION OF VITAL RECORDS, 201 W. PRESION SI., BALLIMORE, MARYLAND 2120	redu
2	30
¥ .	he lon.
5	N. I
Ö	CIA
N O	HYSI
NISI NISI	C Pl
5	NO
	DEN TO
	AT
	TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or offending physician.
	HAL by el
	Sp ba
) HC
	7 5

2.	,			SOWERS	FUNERAL	_ HOME	STAT	OF MARYLAND						
78		1 -	FOR STATE REGISTRAR	FROSTE	BURG, MD	. 21 5e7 2rt	MENT OF H	EALTH AND MENT.	Ή '	REG.		3	4	
			CEASED NAME	FIRST		NODLE	(AST	20	DATE OF DEATH	MONTH E	AY YEAR	2b. HOUR	
by be		1	OK PAINT)	MARTHA	1	MARGARET		PFAFF		JULY 7,	1983		7:20 A M	
om od		3. SEX			4 RACE		5. DATE C		6.	AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
96 S		F	EMALE		WHITE		APRI			74	YRS.			
eath. Po neral dif	75		THRLACE (STATE OUNTRY) ENNSYLV		U.S.	WHAT COUNTRY?	MARRIE WIDOWE	DI NEVER MARRI	IED 🔟	BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY				
s after d by the fu iled with	52		OR TOWN OF		11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACURE CIVE STREET ADDRESS)			OSPITAL	(1	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE. OWN HOME.				
in 24 hours ly filled in t should be fi	35	USU/ 130. S		NURSING HOME OF	OTHER INSTITUTION NTY	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIA	MITS? 13	STREET ADDRES	ss	21	532 OAD	
- 00	310	14 FA	THER'S NAME		MIDDLE	weine		15 MOTHER'S MAIL DELL		MIDDU		CRO		
ond cor	7	160 V	AS DECEASED E	VER IN U.S. AR	MED FORCES?	16b. SOCIAL SEC	JRITY NO.	17. INFORMANT	ES PF	AFF, STA	NEW CRI	BEK, W	V 26743	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate ined by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physic hald be detached for use as the burial-transit permit. Then please remove carbon paper the Resident of Health and Mental Hygiene prior to burial, cremation, or remaval.	29	MEDICAL CERTIFICATION	PART I. DEAT Conditions, if gove rise to couse (a), s' underlying co RART 2 OTHER: 19a DATE OF ORI 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 21d. INJURY OK AT WORK A 22a.1 certify tho	H WAS CAUSE IMMEDIA Dry, which immediate oding the nuse last. GIGNIFICANT CAUSE OF DE MEDICAL EXAMINE TURRED IT WHILE It (I) (this hosp eased alive ar e) (did) (did no	DUE TO, OF THE CONDITIONS CONDITI	FINJURY M. MONTH D DF INJURY EET, FACTORY, OFFICE.	DEATH BUT	POT/RELATED TO THE FORMED 21c HOW INJURY 21l LOCATION STREET 21l LOCATION (my) (our) DEGREE ATIEN PHYSI 22e ADDRESS	OCCURRED Opinion dec	YES NO ENTER NATURE OF I	20b. IF YES 20b. I	EN IN RART I WARE FINDING CAUSES OF SINDING CAUS	GS USED OF DEATH? NO STATE	
TO HOSPITAL retoined by th TO FUNERAL should be deta			RENATO	ESPINA	A, M.D.			907 SETO	N DRI	VE, CUMBI	ERLAND,	MD. 21	502	
7 6 E # 3 3		23a E	URIAL, CREMATI	ON, REMOVAL			NAME OF	EMETERY OR CREM		23d. LOCATION		COUNTY	STATE	
BP			BURIAI	1 44	7/9/8		CKHA	- O LIAMIT		ECKHAF	RT AL	LEGANY	MD	
DHMH - 16 50M 4/4 (VRA 15, 4)	82	24 FU	WERS FI	INER AT	HOME	60 W FROST		IN ST.	JUL R	1983	PAR 256. REGIST	RAR'S GIGHAS	Bulk	

receipted, the progressor THE THE STREET THE SHARE THE SHARE SHARE SHARE THE SHARE SH CARVIANT ALLICANT PROSTALIA CALVANTA SARINI WHICH DAILS CHONE WWW. TENED W. M. NO N.A. LANCE PENEP, STAR BELZ, 10X 135 TOTAL TO STATE OF STA CHE YEAR ILL CAMERIC TRIBURES COVOLO CONTRACT ALLEGE COVOLO CONTRACT OF THE CO

	2
	nay
	4
	Pog
	off.
	- de
_	ofte
120	OUrs
20 2	24 h
3	E C
AR	3 10
w` `	cuter
NO.	exe
	e pe
80	ficot
S	certi
0	hoth
*	e de
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	at th
201	£ =
os,	quir
Ö	W Te
<u>~</u>	oe lo
¥ .	Z. Th
OF.	CIAP
Z O	HYS
N N	G PI
٥	NO
	TTEN
	TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.
	the o
	SPITA by
	HO
	Teto

.

		CEASED NAME FIRST	ER, MD 215	DLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	25 HOUR
	,,,,,,	JAMES	EUGE	NE	PRATT		JULY 6, 1	983		11:1
	3. SE		4. RACE		5. DATE OF BI	RTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UN		HOURS
		Maleé	White		Ø	26 1892	91	YRS		
1		RTHPLACE (STATE OR FOREIGN COUNTRY)	76, CITIZEN OF WH		MARRIED X	NEVER MARRIED	9. BALTIMORE CITY O	NY COUNT		
1	CL	Imberland	SACRE	D HEART	HOSPIT	THER INSTITUTION	120. USUAL OCCUPATION OF THE COAL MI	F WORKING LIFE) IN	Noustry	BUSINE
35	13a. S	AL RESIDENCE (IF NURSING HOME COL STATE US COL Md Ga:		E RESIDENCE BEFORE A C. CITY OR TOWN Kitzmi		. INSIDE CITY LIMITS?	13. STREET ADDRESS Main St	8	2/5	3
10	14. FA	Ther's NAME Thomas	MIDDLE P:	ratt	15.	MOTHER'S MAIDEN NO			fero	
o /		VAS DECEASED EVER IN U.S. A	RMED FORCES? 168	SOCIAL SECUR	RITY NO. 17	INFORMANT	ADDRE	SS		
-		NO		13 05 4	4339 T	homas Pra	tt Kitzm	iller,	Md.	215
IIC even		PARTI DEATH WAS CAUS	ATE CAUSE (0)	and the same of the same of	*	ocardial]			201	1041.
ony injury, or other troumotic even	CATION		DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT	S A CONSEQUENTAL S & CONSEQUENTIBUTING TO D	NCE OF NCE OF EATH BUT NOT Specked	T RELATED TO THE TERM	y discase.	20b. IF YES, WE	Yea NPART 100	GS USEC
more and an analysis of control o	RTIFICATION	Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT Advanced E. 19e DATE OF OPERATION	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 196. CONDITIO	S A CONSEQUENT A CONSEQUENT TRIBUTING TO DO	NCE OF NCE OF EATH BUT NOT SPECKED OPERATION W	TRELATED TO THE TERM	MINAL DISEASE OR CON MINAL DISEASE OR CON	20b. IF YES, WE IN CERTIFYING	Y equino	GS USED DE AT
79	CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT Advance A E. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE CONTRIBUTING CAUSE OF DIFFEITHER, NOTIFY MEDICAL EXAMINATION	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 19b CONDITIO 19b CONDITIO ATH HOUR A.M. P.M.	S A CONSEQUENT S A CONSEQUENT S A CONSEQUENT S CONSEQUENT	NCE OF NCE OF NCE OF NCE OF PATH BUT NOT SPEC FED OPERATION W Y YEAR 19	T RELATED TO THE TERM I intra abd AS PERFORMED C. HOW INJURY OCCUI	MINAL DISEASE OR CON PONTAGE 120 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	Y equino	GS USED DE AT
orked or flem 18 shows ony injury, or other froumotic even	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT Advanced E. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 19b CONDITIO 21b. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF	S A CONSEQUENT S A CONSEQUENT S A CONSEQUENT S CONSEQUENT	NCE OF EATH BUT NOT SPEC FED OPERATION W Y YEAR 19 216	TRELATED TO THE TERM	MINAL DISEASE OR CON MINAL DISEASE OR CON	20% IF YES, WE IN CERTIFYING YES THE TENT OF THE TENT	N PART 1:0 RE FINDING CAUSES OF PART 2) COUNTY	GS USED PEAN NO
m 21 is morked or flem 18 shows ony injury, or other troumofic even		Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT Advanced E. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DICTION CIPETITHER NOTIFY MEDICAL EXAMINICATION OR CONTRIBUTION OF CONTRIBU	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 19b CONDITIO 21b. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF [AT HOME, STREET, poital) ottended the de	S A CONSEQUENT TRIBUTING TO DISCONSEQUENT TRIBUTING TO DISCONSEQUENT TO THE PROPERTY OF THE PR	NCE OF EATH BUT NOT SPEC FED OPERATION W Y YEAR 19 216 RM, ETC) 216 3 ond th	T RELATED TO THE TER. I I 1 1 9 9 6 10 AS PERFORMED C. HOW INJURY OCCUIT LOCATION STREET 19 22 of in (my) (our) opinion	MINAL DISEASE OR CON 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	PY IN ITEM 18 PART 1 (N PART 1(0 RE FINDING GCAUSES O ORPART 2) COUNTY S. 3, th	GS USED P DEAT NO
r nem 21 is morked or nem		Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT Advanced E. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK AT WORK 220. I certify that (I) (this hose sow the deceased give o obove. (I) we (idid) did in 122b. SIGNATURE	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 198 CONDITIO 218. TIME OF IN HOUR A.M. P.M. 210. PLACE OF [AT HOME, STREET, potal) ottended the definition of the poly of the p	S A CONSEQUENT TRIBUTING TO DISCONSEQUENT TRIBUTING TO DISCONSEQUENT TO THE PROPERTY OF THE PR	NCE OF NCE OF NCE OF NCE OF PEATH BUT NOT SPEC FEE OPERATION W Y YEAR 19 216 RM, ETC) DEG ODEG	T RELATED TO THE TERM I AT A A A A AS PERFORMED C. HOW INJURY OCCUI LOCATION STREET OF ATTENDING PHYSICIAN	MINAL DISEASE OR CON 200 AUTOPSY? YES NO CITY OR TO CITY OR TO deoth occurred on the do	20b. IF YES, WE IN CERTIFYING YES THE TENT IS PART I OF THE TENT IS PART I OF THE TENT	Y equino PART 1(0) RE FINDING CAUSES OF PART 2) COUNTY 93, th	GS USED DF DEAT NO SI
MPORTANT: If them 21 is marked or them 18 show any injury, or other froumofic even		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT Advaced E. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 22a-1 certify that (1) (this host sow the eccosed give o obove, (1) twe (did) did in 22b. SIGNATURE	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 198 CONDITIO 218. TIME OF IN HOUR A.M. P.M. 210. PLACE OF IN (AT HOME, STREET, DITO) view the body ofte	S A CONSEQUENT TRIBUTING TO DISCONSEQUENT TRIBUTING TO DISCONSEQUENT TO THE PROPERTY OF THE PR	NCE OF NCE OF NCE OF NCE OF PEATH BUT NOT SPEC FED OPERATION W Y YEAR 19 216 RM, ETC) DEG 726	T RELATED TO THE TERM INTERPRETATION C. HOW INJURY OCCUP LOCATION STREET ATTENDING PHYSICIAN ADDRESS	MINAL DISEASE OR CON MINAL DISEASE OR CON MINAL DISEASE OR CON MEDICAL MEDICAL	20b IF YES, WE IN CERTIFY INC YES THE TENT IS PART I OF THE TENT IN THE TENT IS PART I OF THE TENT IN THE TENT	N PART 100 RE FINDING CAUSES OF CAU	GS USED FOR THE STATE OF THE ST

ALTERON MANAGERIA FULL SAN MANAGE TO TO VS THE COLUMN THE PERSON OF THE P *** 74 - Property of 18212 - 20 20011 1 1 1 2 2 2

BP.

DHMH-17

(VR A15 ME (5)) 15M 2/80

	1-	FOR STATE REGISTRAR				ICAL	STA MENT OF EXAMIN	HEALTH	CERTIFIC	ENTAL	2 2	4 3	REG.	7 . NO.	3	1	6
		CEASED NAME E OR PRINT)	FIRST			MIDDLE			LAST	HE	0)-	2a. DATE OF	ESTI-			DAY YEA	110011
	3. SEX	,	4. RACE	LILL	Y LEI	: R	ALEY	e le us	IDEA L VA	Y			MATED		7-3-	DAY YEA	0600
		emale	Cauc	2-2	2-30	YEAR	6. AGE (IN YE.	AY) MONT		HOURS	R 24 HRS.	2c. DATE PRONOUN DE AD	NCED		3-83	19	24 HOUR 0925
99	FO	RTHPLACE (51, REIGN COUNTRY) Maryl	and	7b. CIT	U.S.A		ITRY?	8 MARR WIDOV	IED M NE	VER MAR			egan	_	OUNTY	OF DEATH	MD
2)	10. CI	Frostbu		(IF I	NOT IN SUCH FAC	LITY, GIVE S	RSING HOME TREET ADDRESS) Fros			ITION	FOR	MOST OF WOR	KING LIFE)			OWN F	BUSINESS STRY
20	13a. S	AL RESIDENCE (TATE arylar	IF IN NURSING HOME 13b. COUL 1d All			13c CITY	OR TOWN		13d. INSIDE (NO [13e. STR	EET ADDRE			ane	215	32
11	F	rank		N.		Wer	LAST ICK		M	erst large	DEN NAME	м	P.		rno.	LAST Ld	
1	16a. W	VAS DECEASED ES, NO, OR UNKNOW NO	EVER IN U.S. AI	RMED FO	RCES? ATES)		=26=9		17. INFOR		Ral	AV.	Fro		ממונ	Md	
	z	gove ris cause (o) lying cous	is, if any, which e to immediat stating the under	h e tr	(b) Ce DUE TO, OR A	rebr s a con	O-Pulmonsequence of the sequence of the sequence of the term	or cular or	acci	dent						7 yea	
1	TIFICATION	19a DATE OF	OPERATION		19b. CONDITI	ON FOR	WHICH OPER	ATION W	AS PERFOR	RMED?						20 AUTOPS	
3	CAL CERTIFI	UNDERLYING	CAUSE WAS		HOUR A.M.		DAY YEAR		YAULNI WC	OCCURR	RED LENTER	NATURE OF INJ	IURY IN ITEM	18 PART	1 OR PART 2	7)	
	MEDICAL	21d INJURY O WHILE AT WORK		0	71e PLACE OF STREET, FACTO				CATION			CITY OR TO	wN		COUNT	Υ.	STATE
7	/-	22ª I certifi death resulte ACTUAL SIGNATURE_ EXAMINER'S N (TYPE OR PRIN	Ocal NAME	2		Accident			, Homi	SPECIFY)	ty MED	Inquiry ermined mo ICAL EXAM	onner _],	My opini DATE SIGNED.		3-83
	23a.Bl	URIAL, CREMAT PECIFY) Buri	ION, REMOVAL		4.0	23c 1	ostbu			ory Park	-	OCATION ORTOWN OSTD	ווייי.	M	COUNTY		STATE
	24 FU	JNERAL DIRECT			ADDRESS			0			REC'D. BY	REGISTRA 1983	ROSR		AR'S SIG	NATURE	(

the state of the s الله والمساولة والمناه The second secon Taken

ALL CONTRACTOR OF THE PARTY OF THE PARTY.

e o
o'
£ 3
9
9
to I
9
ffe
50
hou
24
5
3
Ъ
to of
×
pe
ote
+te
9
toth
р
‡
tha
Se .
200
>
10
The
ZX
A d
YS
PH
SZ to
90
TE
A A
0 9
TO HOSPITAL OR ATTENDING PHYSICIAN, The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.
SPI
HO
0 5

page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

3		7	3	1	1
RF	S NO				

1.	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYG	REG. N	173		1
	CEASED NAME	FIRST		MIDDLE	- 1	AST	20 DATE OF DEATH	MONTH DAY Y	EAR 26	HOUR
(179)	CO CO	RA	D	. RA	VENSO	ROFT	JULY 14	1983	1	L1:00pm
3. SE	X		4. RACE		5 DATE		6 AGE (IN YEARS LAST BE			UNDER 24 HRS. DURS MIN.
F	EMALE		WHITE		Feb		74	YRS.	DATS HC	JURS MIN.
	IRTHPLACE (STATE OR F	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY			
W	· Virginia		USA		WIDOWE		Allegany			MD.
10. C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURS IN				OR OTHER INSTITUTION	120 USUAL OCCUPAT			USINESS OR	
C	JMBERLAND MEMORIAL HOSP					Housewife		SIKI		
USU	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE R			GIVE RESIDENCE BEFOR	E ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
M						YES NO	St. Cumb.	MD 21	1502	
_	ATHER'S NAME		-			15. MOTHER'S MAIDEN NA	ME	DC: Camp.		.502
	William		MIDDLE	Fansler		Rachel	Mahuld	la F	Eye	
	WAS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR		2	
(YES, NO OR UNKNOWN)	(IF YES, GIV	WAR OR DATES	214-16-2	2045	Eugene G. Hi	ssey 200 Gl	enn St. Cur	mbM	D 21502
CERTIFICATION	18 CAUSE OF DEAT PART I. DEATH W 4900 Conditions, if ony, gove rise to immove rouse (o), stolin underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA	, which mediate ng the lost.	DUE TO, Q (b) DUE TO, Q (c) ONDITIONS CO	RAS A CONSEOU XVEVE DS A CONSEOU DISTRIBUTING TO	ENCE OF LOW L.		Disease	200. IF YES, WERE F	FINDINGS	
TIE	0.1833.3						YES NO	YES 🗀		40 🗆
	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	TH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PA	ART 2)	
MEDICAL	21d. INJURY OCCUR	HILE [7]	21e PLACE	OF INJURY REET, FACTORY, OFFICE, I	FARM ETC)	21f LOCATION STREET	CITY OR TO	OWN COUN	чтч	STATE
3	270.1 cartify that the	4.5		deceased from_		19	, to			t (I) (we) lost
1	sow the decessor above, (I) (we) (c	ed alive on, did) (did na	i sigw the ody	after death.	. 0	nd that in (my) (our) opinion	death occurred on the c	lote and hour and fro	m the cou	ses stated
	276 SIGNATURE	d	0/2	De		ATTENDING PHYSICIAN [MEDICAL STA	AFF	DATE SIG	NED
1	DR. AMADO	TORR				MEMORE	CIAL HOSPITA	AL MEDICAL	BUII	LDING
23a	BURIAL, CREMATION,	REMOVAL	THEDATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	236 LOCATION	COUNTY		STATE
	Burial		7-17-	83 / Hi	llcre	st Burial Par		and Allega	any	MD
24 F	UNERAL DIRECTOR		111.15	ADDRESS		March 16 *	TE REC'D. BY REGISTRAF	11/ 4		-
Silcox-Merritt 404 Decatur St. Cumb. MD 21502						Joung.	Cahr	M		

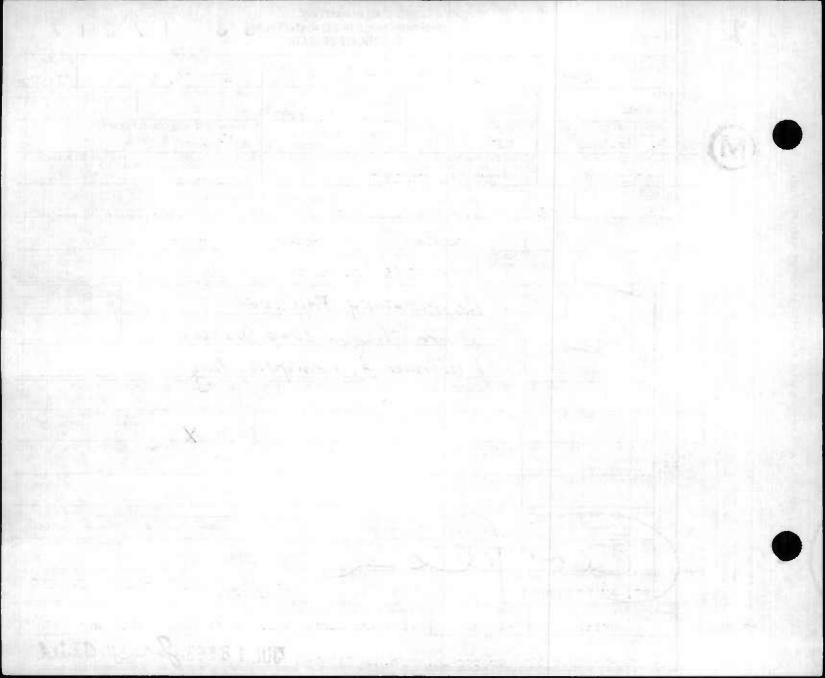
Silcox-Merritt 404 Decatur St., Cumb., MD 21502

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical exam



	0
	STS
Bir	0
	4
	2
	- 2
	5
	n
	9
ĺ	2
	×
	4
	0
	5
	10
,	£
	Ü
	£
	e e
	0
	ŧ
	6
	#
	9
	5
	9
,	3
اغد	9
9	o o
	T :
	ZA
	- 0
	SK
	F D
3	g =
	0 0
3	5 b
	Z -
	TE
	A
	DK -E
	Pe O
	A
	5
	SC
	T
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours o etained by the haspital ar attending physician.

тоу бе

fter deoth. Poge 4

	DEPARTMENT OF H	EALT	MARYLAND H AND MENT IE OF DEAT		3 REC	J. NO.	7	3	1	3
DDLE	1	AST		2a. DA	TE OF DEAT	H MONTH	DAY	YEAR	2b. H	OUI
	D 1 4 -					-			R . 1	20

	1	STATE REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. N	10.		
		CEASED NAME OR PRINT)	first ictor	Nat	han Rey	nolds	LAST		20. DATE OF DEATH	7	15 83	8:20
	3. SE	(,		4 RACE		S. DATE (OF BIRTH	EAR	6 AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	IF UNDER 24 H
		Male			nite	03	3 +28 15		68	YRS		
35		RTHPLACE (STATEORS COUNTRY) Maryland	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIE WIDOW	D NEVER MARRI		BALTIMORE CITY		TY OF DEATH	
Contried	100	ty or town of DEA umberland	ATH		HOSPITAL, NURSI OCH FACILITY, GIVE STREE d Heart		OR OTHER INSTITUTION	ON	120. USUAL OCCUPAT			road
and	13a S	AL RESIDENCE (IF NURS STATE Maryland	136 COUN	other institution	13c CITY OR TOV		13d. INSIDE CITY LIA	MITS?	13. STREET ADDRESS	irgin	ia Ave.	000
//	14. F.A	THER'S NAME FIRST	Vict	or Reyn	nolds		IS. MOTHER'S MAIL		ha Hill ^{MIDDLE}		LAS	т
шефісо		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	214-07		Mrs. M	aryl	and Reynol		umberlar	nd, Md.
÷.		18 CAUSE OF DEAT PART I. DEATH W	H (Enter on	ly one cause pe	er line for (o), (b),	nd (c					BETWEEN	MATE INTERVA
ws ony injury, o	CERTIFICATION	PART 2 OTHER SIGN 19a DATE OF OPERA					NOT RELATED TO THE		200 AUTOPSY?	20b IF Y	res, were findin Tifying causes	GS USED OF DEATH
on 18 sho		210. ACCIDENT WAS UNI	CAUSE OF DEA	HOUR A	OF INJURY A.M. MONTH D	DAY YEAR	21c. HOW INJURY	OCCURR	YES NO		YES	NO [
ked or He	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE	E OF INJURY TREET, FACTORY, OFFICE.		21f LOCATION STREET		e B City OR I	OWN	COUNTY	STAT
n 21 is mor		22a.1 certify that (1) saw the decease above, (1) (we)th	(this haspi	7-1	19	7 - 87		opinion o	death occurred on the	date and h	our and from the	
ANT.: #		274 SIGNATURE	1	no	hand	na	DEGREE ATTEN PHYSI 1720 ADDRESS	DING CIAN C	MEDICAL STA	AFF CIAN [7 -	16-
MPORTA		Dr. J.	N. Me	ehanna :			909 B.		on Drive.	Cumbe	erland,	Md. 21
		SURIAL, CREMATION,	REMOVAL	7-19-			Memorial	Parl	23d LOCATION CITY OR TOWN Cumber	land.	COUNTY	y Md
/82	24 FI	JNERAL DIRECTOR			elli, Cum		and the same of th	75n DATE	E REC'D. BY REGISTRA	DECEMBER		1108 4

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Dist or as v	200	in red entite" 3	or side
The state of the s	21 824 10	63200	e tek kualyza
Secretary managements	Instan	net dream horas	Sun Crowlend
seen along the Pro-		lageng Charles In	Heighand Al
III mit		elifences and	321
. M. Helmorego , allegros traf-	200	VI_78	
the Brief of the Property of the St. And St. A			f telephone

puo

puo

physician

offending

en signed by the c Then please remot or to buriol, cremot or oth

Ony

shows

or Item 18

morked

3

m 21

MPORTANT: If he

After this certificate has bee as the burial-transit permit. Ith and Mental Hygiene pria

TO FUNERAL DIRECTOR: Afre should be detached for use as with the State Dept of Health

ng physicial

CERTIFICATION

MEDICAL

WHILE

NOT WHILE

carbon papers. Pages, , ar remayal.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR				CERTIF	ICATE O	FDEATH	0 0	REG. NO.				
I. DECEASED NAME	FIRST		WIDDLE		AST		20. DATE OF	DEATH MONTH	DAY	YE AR	26 HOU	R
(TYPE OR PRINT)	MAY	VIF	RGINIA RI	CHAR	DSON		July	31, 198:	3		7:15	A
3. SEX		4 RACE		5. DATE C			6. AGE (IN Y	EARS LAST BIRTHOAY)	IF UNDER	I YEAR	IF UNDER	24 HRS
Femal	e	White		Oct	12	1906	To a comment	76 YRS		DATS	10013	Ney test.
79. BIRTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVE	R MARRIED	9 BALTIMO	RE CITY OR COUN	TY OF DE	ATH		
Maryland		U.S.A.		WIDOW		DIVORCED [A	Allegany				MD.
10 CITY OR TOWN OF D	EATH		HOSPITAL, NURSIN		OR OTHER I	NOITUTION		CEOR MOST OF WORKING		CIND O JSTRY	F BUSINE	SSOR
Cumberla	nd	Men	norial Hos	spita	1		Sec	cretary	Li	ght	Deck	cer C
USUAL RESIDENCE (IF NI	13b. COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1 13d INSIDI	E CITY LIMITS?	13e. STREET	ADDRESS			111	つつ
Maryland	All	egany	Cumberla	nd	YES	NO 🗌	712	Lincoln	Stree	t 🔛	40	Unt
14 FATHER'S NAME		WIDDIE	LAST		15. MOTHE	ER'S MAIDEN NA	ME	WIDDLE		LAS	1	
Willi	am	R	Wilso	n		Gertru	ide	В	J	ohn:	son	
160 WAS DECEASED EV		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFOR	MANT		ADDRESS 63	0 Bro	okf.	ield	Ave
No	10 163 6	, CK DATES	215-18-8	3991	Edwa:	rd J. Wi	lson	Cu	mberl	and	, Md 2	21502
18 CAUSE OF DE	ATH Enter	only one couse per	line for (a), (b), one	d resi	0		1		86	APPROXI	MATE INTER	DEATH

	one couse per line for (a), (b), and (c). BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
5560 IMMEDIATE	DUE TO, OR AS A CONSEQUENCE OF	40
Conditions, if ony, which gave rise to immediate	1 10 Toxic Wegacalous	Keewing
couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 AUTOPSY? CONDITION FOR WHICH OPERATION WAS PERFORMED 70b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH?

216. TIME OF INJURY 71a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 714 INJURY OCCURRED 71e. PLACE OF INJURY

THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2)

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

211. LOCATION CITY OF TOWN COUNTY STATE

NOF

22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) apinion death occurred on the date and hour and from the causes stated saw the deceased alive on_ above, (1) (we) (did) (did not) view the body offer death. DEGREE 22c. DATE SIGNED 22b. SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

Hillcrest Burial

774 PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE

22e. ADDRESS

ATTENDING

Park Cumberland Allegany Maryland

YES T

COUNTY

NO T

Dr. William P. Iames

AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)

441 N. Centre Street Cumberland, Md. 23d. LOCATION

Burial 24 FUNERAL DIRECTOR

(SPECIFY)

230. BURIAL, CREMATION, REMOVAL

Aug 3,1983 404 Decatur St

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

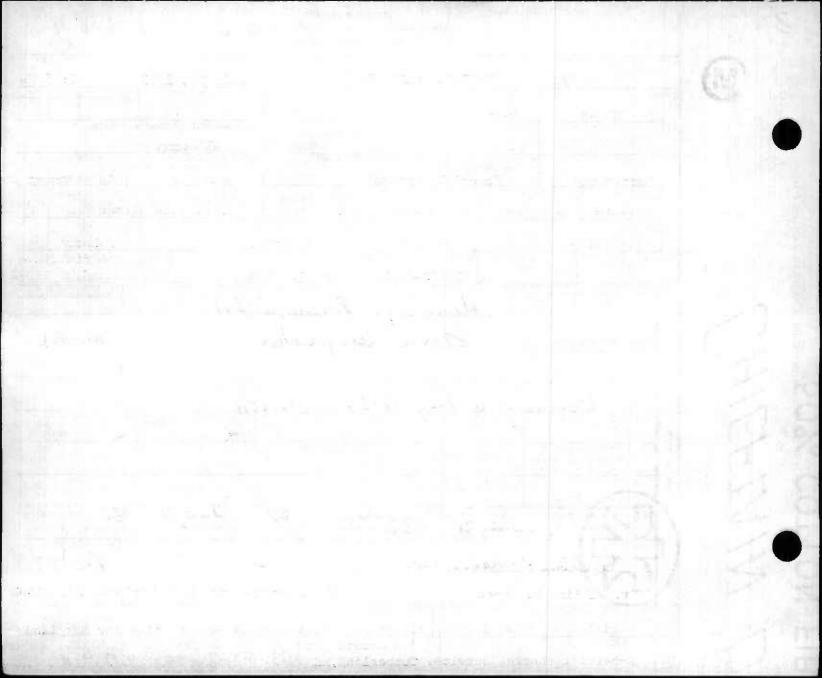
Silcox-Merritt Funeral service. Cumberland, Md

0.11 hospital

BP.

DHMH - 16 50M 4/82

(VRA 15, 4)



e	90	A	*	r	0	r	8.8	A	nv		A	9.1	-	
э	ñ.	А	ĕ	E.	v	г	m	А	RY	L	А	м	v	

1	41.7	-2	63"	n
1	7	0	2	0

	1 - STATE REGISTRAR		DEPA		FICATE OF DEATH	REG. NO.	106	J
	DECEASED NAME (TYPE OR PRINT)	FIRST LAURA	N.		ROACH	JULY 8, 19		26 HOUR 12:05
	3 SEX FEMALE	4 RA			OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	IF UNDER 24 HI HOURS MIN
6	O. BIRTHPLACE (STATE COUMARYLAN	OR FOREIGN 76 C	ITIZEN OF WHAT COUNT	RY? 8 MARRIE	ED NEVER MARRIED	9 BALTIMORE CITY OR ALLEGAN		
50	O CITY OR TOWN OF	(NAME OF HOSPITAL, NUM IF NOT IN SUCH FACILITY, GIVE ST MEMORIAL HOS	REET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N WORKING LIFE) 12b. KIND (OF BUSINESS (
35	USUAL RESIDENCE (IF	NURSING HOME OR OTHER	ANY 131CUMBE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 106 WEST SE	COND ST. 2	500
11	14 FATHER'S NAME GROVE	R C. MULL	ENNEX		15 MOTHER'S MAIDENNA.	LOUGH	LA	ST
1	YES NO OR UNKNOWN	VER IN U.S. ARMED (IF YES, GIVE WAR	OR DATES)	3-9788	JOHN S. ROA	ADDRES CH (HUSBAN	D)	KIMATE INTERVAL ONSET AND DEAT
, Apple	PART 2 OTHER	ony, which immediate toting the ouse lost	DUE TO, OR AS A CONSE (b) ACCUSE (c) OFFICING CONTRIBUTING	OUENCE OF	T NOT RELATED TO THE TERM	Infortin		0
7	190. DATE OF OF	ERATION	196 CÓNDITION FOR WH	IICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY? YES NOTE	20b. IF YES, WERE FINDS IN CERTIFYING CAUSE: YES []	
9	OR CONTRIBUTION	CAUSE OF DEATH	P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY	IN ITEM 18, PART OR PART 2]	
	(IF EITHER, NOTIFY) 21d INJURY OCC WHILE N		TIE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
27	saw the de- obove, (1) (v	ceosed olive on	wither body ofter death.	00	and that in (my) (our) opinion	deoth occurred on the dot		
	226. SIGNATURE	nstiano S NAME (TYPE OR PRINT	J. Ham	ne, of		MEDICAL STAFF	AND 7-	7-83
	DR. R.	J. BARRER	A, MD.		CUMBE	RIAL MEDICAL RLAND, MD. 2		
	230. BURIAL, CREMATI (SPECIFY) BURI	AL 7	7/ 11/ 83		CEMETERY OR CREMATORY MEMORIAL PAR		D. ALLEGANY	
	24 FUNERAL DIRECTO		CARPELLI, ^°CU	MBERLAN	D MD.	E REC'D. BY REGISTRAR 2	ohn L	

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

	5007 S Y.LU		. 56		
	har sale of the control	ZAS.	371 M		
TIE	b. 88 - Fra , 1 Do viscostus			CHARTSAN	
		.8018201	TAN MODERN	CHALISTERIA	
100000	ground ten out			.Gf	
	all ferme A site			.0 to 70%	
	Jens S. Makin (malkett)				
La S	NEWSHAND NEUTON ON THE STATE OF			New 2 2	
am ay at	S Section 100 100		d (a) (a)		

	- 4	
5	. 0	
7	3	
2	2	
0	- 4	
Z	175	
5	- 5	
7	- 3	
4		
Σ	- 6	
uì.	- 3	
×	- 5	
š	4	
Ē	2	
7	- 9	
8	- 3	
	12	
2	- 1	
Z	- 0	
0	ŧ	
2	e	
×	0	
ъ.	4	
3	÷	
_	Ť	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	32	
ñ		
	9	
5	0	
Ŭ	3	
ž	0	
-	9	0
=	-	0
5	Z	X
4	≤	d
0	5	0
Z	7	5
널	T	S.
Ë	12	11e
\leq	7	0
_	0	ō
	Z	-
-	T	1
	A	Se
	oc	ř
Ţ	0	e
1	TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificals be executed with 74 hours are	retained by the hospital or attending physician.
	E	by
	S	73
	0	Je
	T	ō
	0	9

		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
8.7		DOROTH	TY JANE	R	ROSS	JULY 1, 1983	4:48
1	3. SE	X	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS
1	1 0	Female	White	10	4 42	40 YRS	
2		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	MARRIED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNT ALLEGANY CO	
100		umberland	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY GIVE STRE SACRED HE		SPITAL	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINES INDUSTRY Shoe store
13	130. 5	STATE 13b COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TO Egany Frostbu	WN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 89 W. College	Ave. 215 3
1.7	14. F/	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA		LAST
9/1/		George	E. Wilson		Olive		Loar
l dica			VE WAR OR DATES)		17 INFORMANT	ADDRESS	
1/	-	No	220-40-	0858	Otto Ross 89	W. College Ave.	APPROXIMATE INTERV. BETWEEN ONSET AND D
, or other troumotic.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	UENCE OF	fas fascs	with wides	
ws ony injury, or other troumotic	IFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	UENCE OF UENCE OF DEATH BUT I	tag fascs NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GO 200 AUTOPSY? 20b IF YE IN CERT	IVEN IN PART TO
\$ /	CERTIFICATION	Conditions, if any, which gave rise to immediate cause to), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICE	UENCE OF UENCE OF DEATH BUT I	HAS HAS LO NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION GO 200 AUTOPSY? YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH (ES
\$ /	AL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (19) DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH	UENCE OF UENCE OF DEATH BUT I	HAS HAS LO NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GO 200 AUTOPSY? 20b IF YE IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH (ES
shows	MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause to), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH	UENCE OF UENCE OF DEATH BUTTO H OPERATION DAY YEAR 19	HAS HAS LO NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION GO 200 AUTOPSY? YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH (ES
\$ /		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (1986 DATE OF OPERATION) 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINET AT WORK NOT WHILE AT WORK AT WORK AT WORK 22a.1 certify that (b) (this hospissow the deceased alive an above, (b) (we) (digh) (digh) (digh)	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	UENCE OF UENCE OF DEATH BUT I H OPERATION DAY YEAR 19 E, FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 30 — 19 8 3 d that in (my) (our) opinion	200 AUTOPSY? 20b. IF YE IN CERT YES NO YERED (ENTER NATURE OF INJURY IN ITEM 18	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH (ES NO PART 1 OR PART 2) COUNTY STA
if hem 21 is morked or hem 18 shows		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 210. I Certify that (1) (this hosping with the deceased alive an above, (1) (we) (did) (did not 22b. S. C. NATURE)	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE itol) otherded the deceased from 19	UENCE OF UENCE OF DEATH BUT I CH OPERATION DAY YEAR 19 E. FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21l. LOCATION STREET 30 - 19 8 d that in (my) (our) opinion DEGREE H.D. ATTENDING PHYSICIAN (A	WINAL DISEASE OR CONDITION GO 200 AUTOPSY? YES	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH (ES
if hem 21 is morked or hem 18 shows		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 210. INJURY OCCURRED WMILE OTWING NOT WHILE ALWORK ON THE CONTRIBUTION OF CONTRIBUTION OF THE CONTRIBUTION	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 21b. TUME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT MOME STREET, FACTORY, OFFICE) (itol) otherded the deceased from 19. OR PRINT)	UENCE OF UENCE OF DEATH BUT I CH OPERATION DAY YEAR 19 E. FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21l. LOCATION STREET 30 — 19 8 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN (122e ADDRESS)	200 AUTOPSY? 20b. IF YE IN CERT YES NO YERED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN ACCURATE OF THE OF THE OF THE OF THE OF TOWN ACCURATE OF THE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH (ES NO PART 1 OR PART 2) COUNTY STA COUNTY STA 22c DATE SIGNED 7-6-8
\$ /	MEDICAL	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 210. I Certify that (1) (this hosping with the deceased alive an above, (1) (we) (did) (did not 22b. S. C. NATURE)	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEO (c) 19b. CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH ATH (A) 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21a. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE 21) view the body after death. OR PRINT) NNA, M.D.	UENCE OF UENCE OF DEATH BUT I H OPERATION DAY YEAR 19 E, FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21l. LOCATION STREET 30 — 19 8 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN (122e ADDRESS)	WINAL DISEASE OR CONDITION GO 200 AUTOPSY? YES	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH (ES NO PART 1 OR PART 2) COUNTY STA COUNTY STA 22c DATE SIGNED 7-6-8

T 700 100 7 5 15 T 2 7 16

Meg.

. [. . .

A COURT HEVEL MODULATIONS

Land OA SA N -OT Office

33C-10- 31 Obus Long By M. College Ats. Continue

[20] [40] 우리[21] [42] [42] [42] [43] [43] [43]

3 court contart control description .

ER RAY

. con a control . The

CORTO CON CONTRACTO CONTRACTO CONTRACTO

Clore and Sine steel

JOHN , AVENUET , IL JAPOL

mot negation can read up , de and

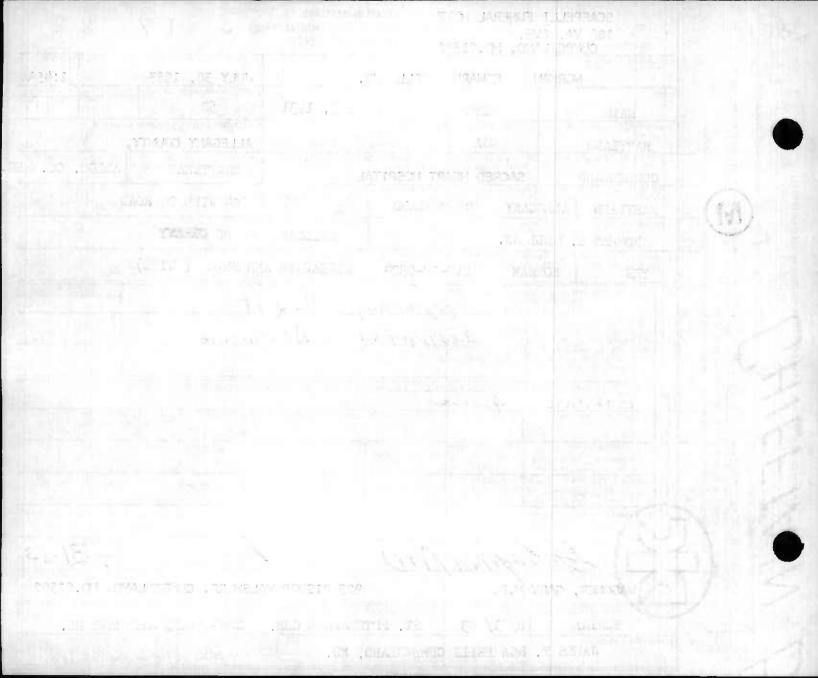
requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The low-introded by the hospital or offending physician.

		- 3		
	9	£	-	*
'n	u.fr	O		
П	Dr.	4		

- 11		CEASED NAME	rw31		MIDDLE		LAST	20 DATE OF DEATH		YEAR	2b. HOU
			ORMAN		IARD SE		R.	JULY 30,			1:4
	3. SEX	Х		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS
74	1 21	MALE		WHI		-	RIL 3, 1931	52	YRS		
35	(IRTHPLACE (STATE OR FO COUNTRY) MARY LAND		USA	-	WIDOWE	Transfer Tra	9. BALTIMORE CITY O	COUNTY,		
52		CUMBERIAND		SACRED	HEART H	OSPITA	OR OTHER INSTITUTION AL	OF DRAFTSMA		ATTEC	
35		AL RESIDENCE (IF NURSIN STATE 1	ALIE		GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS? YES K NO	13. 824 WINDS	OR ROAI	2	150
011	14 FA	NORMAN E.	SEL	L SR.	LAST		15. MOTHER'S MAIDEN NA	MC GREE	WY :	LAS	т
1		WAS DECEASED EVER IN YES NO OR UNKNOWN)		MED FORCES? EAN DATES)	166 SOCIAL SECTION 217-28-1		17 INFORMANT ELIZABETH A	NN SELL (WIFE)		
		Canditions, if any, gave rise to imme cause (a), stating underlying cause	MMEDIATI which diate the	D BY: E CAUSE (a) DUE TO, O	R AY A CONSEQU	RATUR ENCE OF ATIS		manie		APPROXI BET WEEN C	MATE INTERV DISSET AND I
g	HCATION	Canditians, if any, gove rise to imme cause (a), stating underlying cause	which diate the last.	DBY: E CAUSE (a) DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CO	R AS A CONSEQUENT RAS A CONSEQUENT RIBUTING TO	ENCE OF			DITION GIVEN 20b. IF YES, WIN CERTIFYIN	IN PART 110	GS USED
99	CERTIFICATION	Canditions, if any, gove rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNI 190. DATE OF OPERATE 218. ACCIDENT WAS UNDE	S CAUSER MMEDIATI) which ediate the lost. FICANT C ON	DBY: E CAUSE (a) DUE TO, OI (b) OUE TO, OI (c) 196 CONDI	R AS A CONSEQUENT PORTRIBUTING TO	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN	VERE FINDING CAUSES	GS USED
99	AL CERTIF	Canditions, if any, gave rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNI PART 2 OTHER SIGNI 21g. ACCIDENT WAS UNDE OR CONTRIBUTING CA	SCAUSER MMEDIATI) which rdiate the lost. FICANT C ON RIYING AUSE OF DEA ALEXAMINER)	D BY: E CAUSE (a) DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CO 196 CONDI 196 CONDI HOUR A.	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCURI	200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN	VERE FINDING CAUSES	GS USED
99	CERTIF	Canditions, if any, gove rise to imme cause (o), stating underlying cause PART 2 OTHER SIGNI PART 2 OTHER SIGNI 190. DATE OF OPERATE 210. ACCIDENT WAS UNDE OR CONTRIBUTING CA	which believe the lost. FICANT CON REYING UNIVERSITY ON THE CONTROL ON THE CONT	DBY: E CAUSE (a) DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CO 196 CONDI 216. TIME O HOUR A	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	ENCE OF ENCE OF DEATH BUT OPERATIO	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN YES [VERE FINDING CAUSES	GS USED
999	AL CERTIF	PART I. DEATH WAS Canditions, if any, gove rise to imme cause (o), stating underlying cause PART 2 OTHER SIGNI FART 2 OTHER SIGNI 21g. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE AT WORK 22g. I certify that (I) (1)	which did to the lost. FICANT C NUMBER OF DEA REYING REYING REYING BE C This hospit his his his hospit his his hospit his	DBY: E CAUSE (a) DUE TO, OI (b) DUE TO, OI (c) 196 CONDITIONS CC 196 CONDITIONS CC 196 CONDITIONS CC 196 CONDITIONS CC 197 CONDITIONS CC 198 CONDITIONS CC 198 CONDITIONS CC 198 CONDITIONS CC 199 CONDITIONS CC	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCURI	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	206. IF YES, WIN CERTIFYIN YES [TY IN ITEM 18, PART	VERE FINDING CAUSES 1 OR PART 2)	OS USEDO OF DEATH NO 51
99	AL CERTIF	PART I. DEATH WAS Canditions, if any, gove rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNI FOR DATE OF OPERATE 21g. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. IN JURY OCCURRE AT WORK NOT WHILE AT WORK	which addited the lost. FICANT CON REYING USE OF DEA. LEXAMINER OF DEA. This haspit did addited and didd	DBY: E CAUSE (a) DUE TO, OI (b) DUE TO, OI (c) IP6 CONDITIONS CO 196 CONDITIONS CO 197 CONDITIONS CO 198 CONDITIONS CO 1	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	ENCE OF ENCE OF DEATH BUT TOPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 211. LOCATION STREET 19 nd that in (my) (aur) apinian DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, WIN CERTIFYIN YES [IY IN ITEM 18, PART	VERE FINDING CAUSES 1 OR PART 2)	OS USEDO OF DEATH
99	AL CERTIF	PART I. DEATH WAS Canditions, if any, gove rise to imme cause (o), stating underlying cause PART 2 OTHER SIGNI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE CIP EITHER, NOTHER MEDICA 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK 22a. I certify that (I) (i) sow the decease obove, (I) (we) (die obove, II) (we) (die obove, II) (we) (die obove, II) (we) (die obove, III) (we) (die obove, IIII) (we) (die obove, IIII) (we) (die obove, IIIII) (we) (die obove, IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	which did to the lost. FICANT C NUMBER OF DEA REYING REYING REYING BE C This hospit his his his hospit his his hospit his	DBY: E CAUSE (a) DUE TO, OI (b) DUE TO, OI (c) 196 CONDITIONS CC 196 CONDITIONS CC 196 CONDITIONS CC 196 CONDITIONS CC 197 CONDITIONS CC 198 CONDITIONS CC 198 CONDITIONS CC 198 CONDITIONS CC 199 CONDITIONS CC	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	ENCE OF ENCE OF DEATH BUT TOPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 211. LOCATION STREET 19 nd that in (my) (aur) apinian DEGREE ATTENDING	20a AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STALL	20b. IF YES, WIN CERTIFYIN YES [IY IN ITEM 18, PART	VERE FINDING CAUSES 1 OR PART 2)	IGS US OF DE/ NO

DHMH = 16 50M 4/B2 (VRA 15, 4)



	_	
 -		

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGINE 3 1 7 3

CERTIFICATE OF DEATH

REG. NO.

	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.	W 11 20	
	E ASED NAME	FIRST	٨	MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	^{26. НОUR} 10:40
(1110	on roughly	ROBER	T F	ELWOOD	SHA	MBAUGH	July 24,	1983		P M
3. SEX	II. HOTEL	4	RACE		5 DATE C		6. AGE (IN YEARS LAST	IRTHDAY	MONTHS DAYS	IF UNDER 24 HRS.
	Male		White	TETLENY	Ja	n. 27, 1944	39	YRS.	15	
7s. BIRT	THPLACE (STATE OR DUNIRY)	FOREIGN 76	CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY	or count legany		MD.
	y or town of DE. umberland		Memori	HOSPITAL, NURSIN H FACULTY, GIVE STREET LAL HOSPI	GHOME (ADDRESS) tal	DR OTHER INSTITUTION	128 USUAL OCCUPA (TYPE OF WORK FOR MOS ASST. Tra		IZE. KIND C INDUSTRY Ster-Rai	r BUSINESS OR
13a. ST	RESIDENCE (IF NUR TATE Maryland	13b COUNT Alle	Υ	GIVE RESIDENCE BEFORE 131, CITY OR TOW Cumberl	N .	13d. INSIDE CITY LIMITS?	13e. SIREET ADDRESS 218 Pen	nsylva	nia Ave	1502
14 FAT	HER'S NAME		ambaugh	LAST		15 MOTHER'S MAIDEN NA FIRST O1	ivia Alder		LAS	т
	AS DECEASED EVER ES. NO OR UNKNOWN) Yes	I HE YES, GIVE Y	PAR OR DATES)	166 SOCIAL SECU 217-42-6		Mrs. Sheli		ambaue	gh, Cumbe	rland,Wi
	PART I. DEATH V 2030 Conditions, if any gove rise to im couse (o), stati underlying cause	MAS CAUSED IMMEDIATE , which mediate ng the	BY: CAUSE (o) DUE TO, OI	R AS A CONSEQUE	S M	A CELL	LEUKE	MIA		MATE INTERVAL ONSET AND DEATH
N N	PART 2 OTHER SIG					NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YI	ES, WERE FINDIN	NGS USED
1	218. ACCIDENT WAS UN OR CONTRIBUTING (I (IF EITHER, NOTIFY MED 214. INJURY OCCUR	CAUSE OF DEATH	21b. TIME O HOUR A. P	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER HATURE OF IN	JURY IN ITEM 18	PART : OR PART 2)	
		HILE [REET, FACTORY, OFFICE F	ARM, ETC)	STREET	CITY OR	TOWN	COUNTY	STATE
	220 I certify that (I sow the decease above, (I) (we) (22b. SIGNATURE	ed alive on_		19		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN E	MEDICAL ST	AFF		
	22d PHYSICIAN'S N Dr. Q. Z		1			Medical Buil Cumberland,	ding, Memo		Hosp.&Me	ed. Ctr.
	Burial	, REMOVAL	236. DATE 7-27-			t Memorial Par	rk Cumber	cland,	Allegar	ny, Md.
24 FUI	NERAL DIRECTOR NAME James	F.Sca	arpelli	Cumberla	and, 1		TE REC'D, BY REGISTRA	1873b. REGIS	STRAR'S SIGNAT	URE

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP

TO HOSPITAL OR ATTENDING PHYSICIAN: The forerained by the hospital or offending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicios should be detached for use os the buriol-transit permit. Then places remove carbonopopers, with the State Dept of Health and Mental Hygiene prior to buriol, creantion, or removal. IMPORTANT: if them 21 is marked or them 18 shows agay injury, or other troumotic event, the

	200 .000	6516	ale: I	
Territore LT 4			banigual	
beautiful employed when the late to				
The they placed which the		O' gometa		
dieta - eten		showing and weap		
liv badindama d'antonic sino i alies .		1,001-0001		
THE RESIDENCE OF THE PARTY OF T				
	Part of			
Table vergation, methodologic skins tab		7-1-0	fermit	
	, , , , , , , , , , , , , , , , , , , ,	" Allogram - a		

FOR 1 - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATE		3 2 4
1. DECEASED NAME FIRST (TYPE OR PRINT) KATHE	ERINE H. SI	HORES	JULY 23, 1983	26. HOUR 12:48
3. SEX Female	4. RACE White	5. DATE OF BIRTH MONTH DAY Sept, 26,	6. AGE (IN YEARS LAST BIRTHDAY) AR L895 87 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virgini	76. CITIZEN OF WHAT COUNTRY USA	7? 8. MARRIED □ NEVER MARRIE WIDOWED ★ DIVORCE	1 2 2	OF DEATH MD
10. CITY OR TOWN OF DEATH CUMBERLAND	11. NAME OF HOSPITAL, NURS (# NOT IN SUCH FACILITY, GIVE STREE MEMORIAL HO		2N 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE Homemaker	12b. KIND OF BUSINESS OR INDUSTRY Own Home
USUAL RESIDENCE (IF NURSING MOME OF 130 STATE W. Va. 136 COL		WN 134. INSIDE CITY LIM	750 0 04	eet 99999
FATHER'S NAME FIRST Waller	MIDDLE LAST HOWA	15. MOTHER'S MAID		Harman
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) I IF YES, O	INE WAR OR DAY:		ADDRESS se Vudrogovic, Mingo	
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEO	NENCE OF LENCE OF	e lung disease	
PARLE OTHER SIGNIFICANT OF COLUMN 196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (# ELIMER, NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED	196. CONDITION FOR WAIC Span laneus F 216. TIME OF INJURY HOUR A.M. MONTH	namic ileus HOPERATION WAS PERFORMED VALTURE OF hi	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO

certificate has TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene 00 morked or retained by the hospital IMPORTANT: If hem 21 is

(VRA 15, 4)

mpletely filled in ond 2 should be

224. PHYSICIAN'S NAME (TYPE OR PRINT) Dr. Richard A. Johnson

22e.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 7/23 19

above, (1) (we) (djd) (did nat) view the Body after death

22c. DATE SIGNED DEGREE ATTENDING PHYSICIAN MEDICAL STAFF 7/24/83 22e. ADDRESS

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

21502 122 S. Centre St., Cumberland, MD

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

226 SIGNATURE

236. DATE 25,1983

23t. NAME OF CEMETERY OR CREMATORY

23d. LOCATION Keyser

Mineral

W. Va.

that (I) (we) lost

24 FUNERAL DIRECTOR DHMH - 16 50M 4/82

NOT WHILE

Queens point Cem. Keyser, W. Va. 250. DAI 1111 S. Mineral

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

TO THE STATE OF TH	3 7 7					
E DE DES TERRES DE TERRES				- ñi		
E DE MAN TOMES DE LA TOMES DE LES TOMES DE LES TOMES DE LA TOMES DEL TOMES DE LA TOMES DEL TOMES DE LA		γĕ		242.11		
Very country of the c		vangelia			sun' sav	
La College Col		Texame on				
C 24/1 (2/48/1)						
					Tolles	
		da .phvojena	eggles .are			
				6 (4)		
The care of the contract of the care of th						
	* . · · · · · · · · · · · · · · · · · ·	Car. (0.,)	one Links y and	10 E. 150 CA	San Little	

-

requires that the death certificate be

ATTENDING PHYSICIAN, The law

TO MOSPITAL

retained by the haspital or attending physician.

. /	3
X	
0/	

page 3

STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	7	7	23	-07
1	1	2	la	D

111	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0				
	CEASED NAME	FIRST		MIDDLE		MCDEDDY			MONTH		YEAR	26. HOUR	
		HUWAK	U	GEORGE	214	NSBERRY			07	30	83	1207P	M
3 SE	MALE		CAUS		S. DATE O	H DAY YEA		6. AGE (IN YEARS LAST BIR	THDAY)	MUNTHS	DATE	HOURS MI	
	IRTHPLACE (STATE OR EST VIRGIN			WHAT COUNTRY?		NEVER MARRIE	٥٠	9 BALTIMORE CITY O	R COUN		ATH		MD
C	ITY OR TOWN OF DEA		MEMOR?	AL HOSPI	NG HOME (OR OTHER INSTITUTIO	the said	120 USUAL OCCUPATION RETURED		LIFE) IND	USTRY	BUSINESS C	OR
USU 13a.	AL RESIDENCE (IF NURS STATE MARYLAND	136 COUNTY ALLEG	Y	GIVE RESIDENCE BEFORE 130 CITY OR TOWN	/N	13d. INSIDE CITY LIM YES NO		13e. STREET ADDRESS ROUTE# 1	вох		21.	555	
14. F.	MARVIN	STANS	BÉRRY	LAST		15. MOTHER'S MAID!		STHER NO	n		LAST		
	WAS DECEASED EVER	IN U.S. ARASE	FORCES?	214-07-		17 INFORMANT LOUISE	E.	ADDRE SANTMYIRE		BERR	Y (1	VIFE)	
Z	Conditions, if any, gove rise to imrease to imrease to staffi underlying couse	, which mediate ig the last.	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE DITTRIBUTING TO	My!	oca dis	T E TERMIN	infasetic-	DITION G			mate miervai Mset and deal	
CERTIFICATION	190 DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	IN CERT	ES, WERE IFYING C	FINDIN AUSES (GS USED OF DEATH?	
MEDICAL CER	21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MED) 21d. INJURY OCCUR! WHILE NOTIFY MED) 22a.1 certify that (I) sow the decess above, (I) (we) (s) 22b. SIGMATURE 22d. PHYSICIAN'S NA	CAUSE OF DEATH CALEXAMINER) RED HILE (this hospital ed alive on a did) (did nat)	P., 21e. PLACE of (AT HOME STA) attended the view the bady.	M. MONTH DAM. DF INJURY EET FACTORY, OFFICE F edecrased fram 19	3. 3 ., ar	211 LOCATION STREET	pinian de	CITY OR TO CITY OR TO CITY OR TO A MEDICAL STAF DIRECTOR PHYSIC	wn 3 O	cou	NTY		lost

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 showith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumotic event, the

IMPORTANT: If them 21 is marked or Item 18 shows any

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

24 FUNERAL DIRECTOR

8/2/83

231 NAME OF CEMETERY OR CREMATORY SUNSET MEMORIAL PARK

CUMBERLAND, ALLEGANY,

JAMES F. SCARPELLI, CUMBERLAND, MD

250 DATE REC'D. BY REGISTRARY SO REGISTRAR'S SIGNATURE AUG 121983

THE WINDS WARE AND A STREET OF THE STREET OF CHARLES A CHARLES TO THE STATE OF THE STATE

			. 4	,	
Ň		1			
	7	K			
	4	V	-		
			7	6	

poge 3

CERTIFICATE OF DEATH		REG	NO.			the e	
TMENT OF HEALTH AND MENTAL HYG	14		-1	7	3	1)	in

- STATE REGISTRAR				CERTIF	ICATE OF I	DEATH		REG. NO.		the	
1. DECEASED NAME (TYPE OR PRINT)	JAMES	ALE L	CARL		JFFER	h	20. DATE OF DE	O7	04	YEAR 83	25 HOUR 0938HR
3 SEX MALE		RACE WH I	TE	5. DATE (vear 04	6 AGE (IN YEARS		MONTH RS.	DER I YEAR	IF UNDER 24 HRS HOURS MIN
a. BIRTHPLACE (STATE COUNTRY)		USA		WIDOWE		IVORCED	9 BALTIMORE	CITY <u>OR</u> COU GANY CO		EATH	ME
CUMBERLAND		Cumbe	HOSPITAL, NURSING THE FACELITY, GIVE STREET A Tland Mem	orial		TITUTION	120 USUAL OCI (TYPE OF WORK FOI RET			DUSTRY	ETIRED
USUAL RESIDENCE (III 13a STATE MARYLAN	13b COUN		GIVE RESIDENCE BEFORE 130 CITY OR TOWN CUMBERL	٧	134 INSIDE C	NO 🗌	13e 622 A	RESS TOP	DRI	VE 21	1502
	ry E. St		LAST		0	s MAIDEN NA FIRST rie Sho	N	NDOTE		LAS	я
160 WAS DECEASED I IYES, NO OR UNKNOW!	EVER IN U.S. ARA N) (IF YES, GIVE	AED FORCES? WAR OR OATES)	714 34 1		17 INFORMA	ERLAND	MEM	ORIAL H	IOSP I	TAL	
Conditions, if gove rise to couse (a), underlying (c)	ony, which immediate stating the	(b)	R AS A CONSEQUE	MH	7	art	ins 6	lin	154	L	yeur
PART 2 OTHER		MW	DATRIBUTING TO D	m	4	/+	Min	K	10-	N	stron
190 DATE OF OF		196 COND	ITION FOR WHICH (OPERATIO	N WAS PERFO	DRMED	200 AUTOPS				NGS USED OF DEATH?
OR CONTRIBUTING	CAUSE OF DEA:	15	M. MONTH DA	Y YEAR	2 ic HOW IN	JURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM	18, PART 1 C	OR PART 2)	
X WHILE N	CURRED NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	ON	сп	Y OR TOWN	CC	OUNTY	STATE
sow the de obove, (1) (v	ot (I) (this hospit eceosed olive on we)(did)(did not	4/	deceased from			(our) opinion	deoth occurred o	n the dote and		from the	
226 SIGNAJUR	161	nne	Mo				DIRECTOR	STAFF PHYSICIAN		22c. DATE	SIGNED
	S NAME (TYPE DE	PRINT)	10.00		22e ADDRES		DRIVE CII	MREDI AN	ID W	D 214	502

should be detoched for use os the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr MPORTANT: If them 21 is marked or them 18 shows any 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR

23b. DATE 7/7/83

23c. NAME OF CEMETERY OR CREMATORY Dry Ridge Cem.

23d LOCATION CITY OF TOWN Juniata

vertown niata Twp., Bedford, Pa.

PREGISTRARIZE REGISTRARIZE GRANUEL 1983

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR:

TO HOSPITAL OR ATTENDING PHYSICIAN, The etained by the hospital or attending physicia

JUL 8 15545

97 of 33 0930HB				
		311.00	3,000	
ALTHOUGH AND THAT THE		A20	Adu Adu	
DESTINA CONTINUES				
PARTIE TOP DETVEN SAN		ALSERGE VIA	DELL'A CHAUSEAS	
			and the same	
JATTEEN JATAGES	Mattern.	1 12 12-4		
	<u>;</u> = (=),			
Automotive Committee of the Committee of			ANIAS . S NO	

BP.

DHMH - 17 (VR A15 ME (5)) 15M 7/76

	FOR			DEPARTMENT OF	HEALTH		114	- 5		7 3	2	1
R	REGISTRAR EASED NAME	FIRST	ME	MIDDLE	VER'S	LAST	OF DEA	W.C.	G. NO.	MONTH	DAY YEAR	[24 LLC
	OR PRINT)					DAST	153	20. DATE KNOW				26 HC
		ANNA		BEIER 16 AGE (IN YI	STR	RICKLER	0.41100	DEATH MATE	D L	July	2719 83	2d H
SEX	4 RA	CE	5. DATE OF BIRTH	YEAR LAST BIRTHE			MIN	PRONOUNCED		7 0		20 H
-		ite			RS.			DEAD		-	27,983	10
	THPLACE (STATE OF		76 CITIZEN OF W	HAT COUNTRY?	MARR	IED NEVER MARRI	IED 🗆	1. BALTIMORE C	ITY OR	COUNTY	OF DEATH	
	ryland		U.S.A.		WIDOW			Allega				
10. CIT	Y OR TOWN OF DE	ATH		SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS)	E, OR OTH	ER INSTITUTION		JAL OCCUPATION	TYPE OF	WORK 121	OR INDUST	
Cu	mberland		Sacred	Heart Hosp	ital.		Ho.	usewife			Home	
USUA 13a ST		LIBE COUN		IN RESIDENCE BEFORE ADMISS	ION)	1134. INSIDE CITY LIMITS?		EET ADDRESS				
	ryland	Alleg		Cumberlan	d	YES NO	10		Str	oot	12150	221
	THER'S NAME	Trocky			VI.	15. MOTHER'S MAIDE						1-1
	Ernst		Louis	Beier		Frederi	00	WIDDLE			Herric	ah
16a W	AS DECEASED EVE	RINUS. ARA		16b. SOCIAL SECURI	TY NO.	17 INFORMANT	·cu	ADI	DRESS		Herouce	-14
(YE	S NO, OR UNKNOWN)	(IF YES, GIVE		015 00 14	11	Mary LaRue	0 - 1	1914 Mon	maa	- Ad	elphi.	Md
	No		_	215-20-64 e far (a), (b) and (c).)	04	Imaria Lunius	C 1	וויייייייייייייייייייייייייייייייייייי	W/IVC	na	APPROVIMA	E IN ER
	cause (a) statir lying cause las	t.	(c)	R AS A CONSEQUENCE								
N	PART 2 OTHER SIGNIFICA	INT CONDITIONS	CONTRIBUTING TO GEAT	BUT NOT RELATED TO THE TER	MINAL OISEAS	E OR CONOITION GIVEN IN A	ART 1 a).					
ATIC	190 DATE OF OPER	RATION	19b. COND	ITION FOR WHICH OPE	RATION W	AS PERFORMED?					20 AUTOPSY	?
IFIC											YES 🗆	NO
MEDICAL CERTIFICATION	210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR		M. MONTH DAY YEA		OW INJURY OCCURRE	D (ENTER	NATURE OF INJURY IN I	TEM 18 PAR	T I OR PART 2	2)	
MEDI	21d. INJURY OCCU WHILE NO AT WORK AT	DDED	21e PLACE	OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION		CITY OR TOWN		COUNT	TY	51
		t I taak charg	ral causes ,	Accident , S	Autop	hspectial, Hamicide		Inquiry 4,	and i	n my apini	ion	
	ACTUAL SIGNATURE	Pira	ucirc	leyes	^	TITLE (SPECIFY)	15 MED	DICAL EXAMINER		DATE SIGNED!	July-	28
	EXAMINER'S NAM (TYPE OR PRINT)		isco Rey					Drive-C	umbe	rland	d, Md.	
(5)	JRIAL, CREMATION	REMOVAL 2		23c. NAME OF CE			CITY	OR TOWN	9 7	COUNTY		STATE
B	urial		7/30/83	Philos	Ceme	teru	We	esternou	rt.	saryl	and	

24. FUNERAL DIRECTOR George/Upchurch Funeral Home, P.A. 202 Greene Street-Cumberland, Maryland 21502

250. DATE REC'D. BY REGISTRAR 6 REGISTRAR'S SIGNATURE

	Wys O seem and a seem and			
The of the contract		27. July 1		
A March State			, E . Mari	
	Colored torus			
	& should not be a			
451.000	ndiction.		Algori	
- "Graphs, 19.	Lings (10) - March sont		-	
Manager of the second	Luig-Livis Rock Hey		D costs or -	
		de la	Support Value of Co.	

within 24 hours ofter death. Page 4 may be the death certificate be ATTENDING PHYSICIAN: The low requires that etoined by the hospital or ottending physician.

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 72 hours after dewith the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

[MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical examiner must be aptified at once.

must be abtified of once.

medicol exami

2

STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

12.0	- 0		-
7	3	2n	d

REGISTRAR	CERT	HICKIE OF DEATH	REG. NO.	
DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DE	AY YEAR 26 HOUR
(TYPE OR PRINT)	dustan Museum		JULY 27	1983
LONZY WIII	Lington Trenum Is DAT	E OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	MO	INTH DAY . YEAR		ONTHS BATS HOURS MIN.
male	white 8	/ 27 /1908	74 YRS.	
O. BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	RIED A NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
MARYTAND	U.S.A. WIDO		ATJEGANY	MD
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM		120 USUAL OCCUPATION	126, KIND OF BUSINESS OR
CUMBERLAND	SACE EN THE SPECIAL BY STREET OF THE SEPTI	TΛT.	DOZER OPERATOR	COAL
			Doziat Ormani Or	JONE
	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION TOWN BARTON	134 INSIDE CITY LIMITS?	13. STREET ADDRESS RT. 1 BOX 159	21521
MARYLAND ALI	JEGANY BARTON	YES NO	RT. 1 BOX 159	21001
4 FATHER'S NAME		15. MOTHER'S MAIDEN NA		
FIRST	MIDDLE	FIRST	MIDDLE	LAST
JAMES 60 WAS DECEASED EVER IN U.S.	TRENUM ARMED FORCES? 166. SOCIAL SECURITY NO	BERTHA D. 12 INFORMANT	ADDRESS	AAN
	GIVE WAR OR DATES) 213-10-7616	ROBERT TRENT	IM LONACONING MD.	
NO	-13-10-1010	MODERLI INEM	DIT BONACONING TID.	
18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b), and (c).)			APPROXIMATE INTERVAL
PART I. DEATH WAS CAU	SED BY: MATE CAUSE (0)	diae avv.	est	tan a
11111				1 minule
7/47	DUE TO, OR AS CONSEQUENCE OF	O. t.	D: 6- 22- 2	0
Canditions, if any, which gove rise to immediate	(b) Corman	1 aring	St actions	
cause (a), stating the	DUE TO, OR AS A CONSEQUENCE	. 0		
underlying couse lost.	(c)			
	T CONDITIONS CONTRIBUTING TO DEATH B			N IN PART 110
The DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	the beaut Ai lease	. angua ·	Co PD. Complymen	0
I PO DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT			WERE FINDINGS USED
윤		1	YES NOT IN CERTIFY	ING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Tale HOW IN HIRV OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
	LIQUE AM MONTH DAY VE		(ENTER NATURE OF INJURY IN TIEM 18 PA	(CLORPARTZ)
OR CONTRIBUTING CAUSE OF I		9		
21d INJURY OCCURRED	216. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.)	21E LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME SINEET, PACTORY, OFFICE, PARM, ETC.)	31,000		
	soital) attAnded the deseased from	17/83 10	10 7/2-2	9 23 that (f) (we) lost
saw the deceased alive	spitol attended the degrosed from	and that in (my) (our) opinion	death occurred on the date and hour	
above, (1) (we) (did) (did	nat) view the body after death.			
22b. SIGNATURE	1/ 1/	DEGREE	MEDICAL STAFF	221. DATE SIGNED
	Com oller	TO ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	1/28/83
224 PHYSICIAN'S NAME (TYP	E OR PRINT)	22e ADDRESS		· ·
			Int LOCATION	
30 BURIAL, CREMATION, REMOV.		F CEMETERY OR CREMATORY	RY MOSCOW MILLS AT	LIEGANY MD. SIAIE
BURIAL	7/30/83/ LAURI	EL HILL CEMETE	AT MODEON MILLS AT	ADEGRNI PU.

DHMH - 16 50M 4/B2

BP.

24 FUNERAL DIRECTOR LS ! FUNERAL HOME (VRA 15, 4)

CHURCH

111

ST.

250. DATE REC'D. BY REGISTRAR 254

1	-	5		R ATE		R	A	R
0	50	E	AS	EF	V 1	NI.	Α	A

STATE OF MARYLAND

1	reg	-	73	13
1	7	S	Co	1

ı	1-	STATE REGISTRAR			DEPARIN		ICATE OF DEATH	GIØE (REG. NO	o.	W Ca		
1		EASED NAME	FIRST		MIDDLE	t	AST		OF DEATH		YEAR	2h HOUR	
1	1,	M.A	ARY	L(OCKE	VA	NDEGRIFT	JULY	13, 1	983		4:07	M
	3. SEX	Female		White	9	Feb.	23°,1888°	95		YRS.	UNDER I YEAR	HOURS	MIN.
	WE	ATHPLACE (STATE OR FO	nia	USA	WHAT COUNTRY?	WIDOWE		A11	egany				MD.
	CI	TY OR TOWN OF DEAD	17)	MEMORIA	L'HOSPIT.	ADDRESS)	DR OTHER INSTITUTION	HOU	ORK FOR MOST C	ON F WORKING LIFE) E	126 KIND O INDUSTRY DWN H	ome	SOR
	13MS	aryland	13b. COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Cumberl	N	13d. INSIDE CITY LIMITS?	443	Goet	he St.	. 215	02	
		THER'S NAME FIRST John	Wi	. lliam	Smith		15 MOTHER'S MAIDEN N Ellen	AME	WIDDLE		Mark		
		AS DECEASED EVER I		MED FORCES? E WAR OR DATES)	218-30-0		Ralph M.	Vande	addre		215 erlan		d.
Ì	-114	18 CAUSE OF DEATH PART I, DEATH WA	1 Enter or	ly one couse per	line of ut, lbs, one	O.C.	ation 16	and	JE	1.180	BETWEEN	MATE INTERV	AL EATH
ı				E CAUSE (o)	Con	ge	muk 196	aw	Tou	ww			
1		Conditions, if ony,	suhieh	DUE TO, OI	R AS A COLSTON	OA A	iosclero	tri	1000	d die	1000		
ı		gave rise to imm cause (a), stating	rediote	DUE TO O	R AS A CONSEQUE	NCF OF	00000	000	100,70	0.000			
		underlying couse	lost.	(c)									
	NO	PART 2 OTHER SHO	ual	Bit	uttali	ATH BUT	NOT RELATED TO THE TER	MINAL DISE	ASE OR CON	DITION GIVEN	IN PART 10	0	
1	CERTIFICATION	190 DATE OF OPERAT	ION	CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AL	JTOPSY?	20b. IF YES, V IN CERTIFY IN YES [NG CAUSES		1?
7		210. ACCIDENT WAS UND	b-rea		FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU						
	MEDICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINE	P	Μ.	19							
	MED	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ILE 🗀	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET	2	CITY OF 10	WN	COUNTY	STA	ATE
4		226.8 certify that (1) saw the decease above, (1) (well-to-	d olive on		12 19 2		nd that in (Ay) (yur) opinio	n death accu	irred on the de	3, 19 ote and hour a		that ((we	
		22b. SIGNATURE	Lei	ALU	alher.		DEGREE ATTENDING PHYSICIAN	MEDIC. DIRECTO	AL STAI		22c. DATE	SIGNED	3.
	H	DR. JAMES			D		22MEMORIAL HO CUMBERLAND			ICAL BU 21502		G/	
		URIAL, CREMATION, I		23b. DATE	23ε. Ν	NAME OF C	EMETERY OR CREMATORY	23d. LC	CATION		COUNTY	514	15
	B	urial		July	15.83Ebe	eneze	er Cemetery			MPSHI	RE. V	I. VI	
	24 FU	William	m G.	Kight	, Cumbe	rland		1 1 8 1	y registrar 983	REGISTRA	g Con		

DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashould be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. LWPOSTANT If Nem 21 is marked or Nem 18 shows any injury, or other troumatic event, th

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo etoined by the hospital or attending physician

(VRA 15, 4)

BP.

E STATE OF THE STA

	25	22, 1,700	.149 4		Penale
		1			
				DOMESTIC TO SERVICE	
	Allogany			and other	
Onell mo	THE PROPERTY OF				
Ollow Third	DALHOUNGE				
21502	(43 Coethe		Ounicor Land	Water Des C. C.C.	Maryland
			WHITE TENTH OF	Y Edit Walder deployed	
heaftest n		Ellen		marified.	re G
21502					
	of the Assessment was	the state of the state of			
· · · · · · · · · · · · · · · · · · ·	andegral It, Cr	and the second			01
- 40					
		71 7 7 7			
				10.00	- N.C. LEGS
AV . H. MILES	DESTINATION OF THE PARTY OF THE	Company and	readmed Sch 3	5 Sept. 1972	Burtal
1	1		H-AHDMHED C	A: 3,4 M.Y	G -61
		1000	Non-Terror Visite	Males and the	- A C C 3 TO
		. 1010	Curberland	AUSTR IN C	TALLAM!
				makes the second	

1. DE	CEASED NAME E OR PRINT)	GLADYS		RGINIA	WAMS	LEY	JULY 16, 1983			1:00P
3. SE	x	4.1	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	1 YEAR IF	UNDER 24 HRS.
100	Female	1700	White	е	Apri	1 19, 1926		RS.		DURS MIN.
	IRTHPLACE (STATE OR COUNTRY)		USA	WHAT COUNTRY?	WIDOWE		ALLEGANY COUN		ATH	м
	umberland	ATH 11		HOSPITAL, NURSIN		OR OTHER INSTITUTION AL	(TYPE OF WORK FOR MOST OF WORK! Housewife	ING LIFE) 12b. I	NO OF BUSTROWN	Home
13e. S	AL RESIDENCE (IF NURS STATE ryland	13b. COUNTY Allega	1	GIVE RESIDENCE BEFORE 13. CITY OR TOW Cumberl	admission)	13d. INSIDE CITY LIMITS?	13. SEPFET ADDRESS 943	Gay	St.	502
14. F/	ATHER'S NAME FIRST FT	ank E.	Mc Ab	ee LAST		15 MOTHER'S MAIDEN NA/	Leslie MIDDLE		LAST	
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W		166 SOCIAL SECU 215-20-6		Mr. Joseph W	amsley, Cumber	land,	Md. S	on
	Canditions, if any		DUE TO, O	R AS A CONSEQUE	NCE OF			- 3		
CATION	gave rise to immediate cause (a), stating underlying cause	mediate ng the e last NIFICANT CO	DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM		IF YES, WERE	FINDINGS	
ERTIFICATION	gave rise to imicause (a), statir underlying couse PART 2 OTHER SIGN	mediate ng the e lost NIFICANT COI	DUE TO, O	R AS A CONSEQUE	NCE OF	n was performed	200 AUTOPSY? 200. IN C	IF YES, WERE ERTIFYING C YES [FINDINGS AUSES OF	
AL CERTIFICATION	gave rise to imicave (a), stating underlying cause PART 2 OTHER SIGN 198 DATE OF OPERA 218. ACCIDENT WAS UNIOR CONTRIBUTING	mediate ng the le lost NIFICANT COI TION DERLYING CAUSE OF DEATH	DUE TO, O (c) NDITIONS CO 19b. COND 21b. TIME C HOUR A	ONTRIBUTING TO DESTRUCTION FOR WHICH	NCE OF DEATH BUT OPERATIO	n was performed	206 AUTOPSY? 206 IN C	IF YES, WERE ERTIFYING C YES [FINDINGS AUSES OF	DEATH?
MEDICAL CERTIFICATION	gave rise to imicause (a), statir underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNI	mediate ng the e lost NIFICANT COI TION DERLYING CAUSE OF DEATH ICAL EXAMINER) RED MILE MED	DUE TO, O (c) NDITIONS CI 19b. COND 21b. TIME C HOUR A. P. 21e. PLACE	ONTRIBUTING TO D	DEATH BUT OPERATION AY YEAR	n was performed	200 AUTOPSY? 200. IN C	IF YES, WERE ERTIFYING C YES [FINDINGS AUSES OF PART 2)	DEATH?
	gave rise to imit cause oil, stating underlying cause PART 2 OTHER SIGN 198 DATE OF OPERA 219, ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTHY MEDI 218, INJURY OCCUR WHILE NOTHY ACTURE AT WORK NOTHY 220, I certify that (I) saw the decays	mediate ng the e lost NIFICANT COI TION DERLYING CAUSE OF DEATH ICAL EXAMINER) RED RED OR OR OR OR OR OR OR OR OR O	(b) DUE TO, O (c) CONDITIONS COND	ONTRIBUTING TO DESTRUCTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET FACTORY, OFFICE, F.	NCE OF DEATH BUT OPERATIO (Y YEAR 19 ARM ETC.)	21c. HOW INJURY OCCURI	200 AUTOPSY? 200. IN C	IF YES, WERE ERTIFYING C YES	FINDINGS AUSES OF PART 2)	STATE
	QOVE rise to immediate to couse (o), storing underlying, couse PART 2 OTHER SIGN (190 DATE OF OPERA) 21g. ACCIDENT WAS UNION CONTRIBUTING (IF ETHER, NOTIFY MED) 21d. INJURY OCCUMENT WORK NOTIFY MED) 22g.1 certify that (1)	mediate ng the e lost NIFICANT COI TION DERLYING CAUSE OF DEATH ICAL EXAMINER) RED RED OR OR OR OR OR OR OR OR OR O	(b) DUE TO, O (c) CONDITIONS COND	ONTRIBUTING TO DESTRUCTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET FACTORY, OFFICE, F.	NCE OF DEATH BUT OPERATIO Y YEAR 19 ARM ETC.)	211. HOW INJURY OCCUR! 211. LOCATION STREET , 19 nd that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? 200. YES NO	IF YES, WERE ERTIFYING C YES	FINDINGS AUSES OF PART 2)	STATE t (I) (we) los ses stated
	gave rise to imical course of the course of	mediate ng the plant plant plant mediate plant mediate	DUE TO, OO (c) 19b. COND 19b. COND 21b. TIME C HOUR A. 21c. PLACE (AT HOME 51) ottended the view the bady	ONTRIBUTING TO DESTRUCTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET FACTORY, OFFICE, F.	NCE OF DEATH BUT OPERATIO Y YEAR 19 ARM ETC.)	216. HOW INJURY OCCUR! 211. LOCATION STREET , 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [-]	200 AUTOPSY? YES NO	IF YES, WERE ERTIFYING C YES COL	PART 7) Automatic country And the coun	STATE It (I) (we) lasses stated NED

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etoined by the hospital or

BP

been signed by the mit. Then please rem

the part of the second of the ear of a line in a off the boarders realism throat at the wind pears of presenting and community the promotion incomedure over the town formality (NOT-17-0) Lange I. congress, amountant, no. 191. 22 1983 John & Court

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

etained by the hospital or attending physician

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician and campletely filled should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the

1	-	FOR STATE REGISTR
_		EASEDN
T٧	PF (OR PRINTI

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	149	2	-3	8
1	7	O	0	1
0				

REGISTRAR		CERTIFICATE OF DEA	REG. NO.	
I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	18 110011
VINCE	NT HENRY	WEGMAN	JULY 10, 1983	11:00
3. SEX	4 RACE	5. DATE OF BIRTH	7,102 (UNDER I YEAR IF UNDER 24 HRS
Male	White	June 22, 19	68 YRS.	BATS HOURS MIN.
76 BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED A NEVER MARE	BALTIMORE CITY OR COUNTY C	OF DEATH
Maryland	USA	WIDOWED DIVOR	Allegany	MD
10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST	ISING HOME OR OTHER INSTITUT REET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	
CUMBERLAND	MEMORIAL HO	SPITAL	Retired Fire Dep	t. Municipal
USUAL RESIDENCE (IF NURSING HOME () 130. STATE 136 COL	JNTY 13c. CITY OR T	OWN 13d. INSIDE CITY L		2/3/2
	legany Cumbe			lanor Apts.
4 FATHER'S NAME FIRST Edward W	egman LAST	15. MOTHER'S MA	na C. Wegman	LAST
60. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S	ECURITY NO. 17 INFORMANT	ADDRESS	Daughter
Yes Wa	r II 214-0	7-0432 Mrs. Ca	arol Ann Horn, Cumber	land, Md.
PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	OUE TO, OR AS A CONSE	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN D 200 AUTOPSY? 2016. IF YES,	WERE FINDINGS USED
21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	1216 HOW IN JURY	YES NO YES	
	EATH HOUR A.M. MONTH	DAY YEAR		
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	211 LOCATION	CITY OR TOWN	COUNTY STATE
	pital) attended the deceased fro	m	2, to, 19	?, that (1) (we) [ast
sow the deceased alive a abave, (I) (we) (did) (did)	on	ond that in (my) (our	opinion death occurred on the date and hour	and from the couses stated
22b. SIGNATURE	al_		NDING MEDICAL STAFF	224 DATE SIGNED
22d PHYSICIAN'S NAME (TYPE Dr. Moti Ko		22e ADDRESS	Memorial Hospital Med Cumberland, Maryland	ical Building 21502
23a BURIAL, CREMATION, REMOVA		3c. NAME OF CEMETERY OR CREA	NATORY 23d. LOCATION	COUNTY STATE
Burial	7-13-1983	St. Marys Ceme		
24 FUNERAL DIRECTOR NAMEJAMES F. S			250 DATE REC'D. BY REGISTRAR 256 REGISTR.	A DUC CACALA TAME

DHMH - 16 50M 4/B2 (VRA 15, 4)

Till A villation and all A list Travelle between as been Tox formetti, become on quetamai agnal dd gull-li-Acceptation Company and Delin

	TATE OF MARYLAND	
	OF HEALTH AND MENTA MINER'S CERTIFICAT	200
MIDDLE	LAST	

2	1 2/2	2		63
1		0	03	lina
REG	NO.			

	CEASED N.	AME BAR	RON MICH	AEL WHITE	LAST		OF ESTI-		DAY YEAR
3.56		4. RACE	5 DATE OF BIRT		IF UNDER T YR. IF UNDER		EATH MATED	□ /-3-	-83 ₁₉
	М	Cau	6-12-4	45 YEAR 38 ST BIRTHDAY)	MONTHS DAYS HOURS		DATE NOUNCED DEAD	7-3-83	3
	RTHPLACE			WHAT COUNTRY?	AARRIED NEVER MARR	7. B		Y OR COUNTY	
P	Mary	land		JSA w	DOWED DIVORO		Allega	nv	
1		VN OF DEATH	TT. NAME OF H	OSPITAL, NURSING HOME, OF HEACILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	12a USUAL FOR MOST	OF WORKING LIFE)	(TYPE OF WORK 12	OR INDUST
USU	nberla	CE (IF IN NURS HO HOME		, GIVE RESIDENCE BEFORE ADMISSION)		Acti	ve duty	J.S. I	Air For
_ 13a. S	enn	III OU		Hyndman	13d INSIDECITY LIMITS? YES NO K	130. STREET		66	99
-	ATHER'S NA	ME	MIDDLE	TAST	IS. MOTHER'S MAID	EN NAME	MIDDLE	00	LAST
2		nan	J.	White	Maryb		E.	Kenne	11
(1	WAS DECEA ES. NO, OR UN	KNOWN) (IF YES, GIV	RMED FORCES? VE WAR OR DATES) VE duty	211-36-3847	Marvhell	e White	, Bx 3	56, RD 1. Hyndman	
	18 CAUS	E OF DEATH (Enter o	only one couse per l	line for (a), (b), and (c).)	Tiouner			10 11-03-01	APPROXIMATE BETWEEN ONSET
	PART	DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Cardio-pulmona	ary arrest				sudde
101	41			OR AS A CONSEQUENCE OF					
-	gave	itions, if ony, whic rise to immediat (o) stating the unde	te / (b)	Acute myocardi	ial infarctio	n			1-2 h
			DUE 10, 0	OR AS A CONSEQUENCE OF					
1	lying	cause lost.		Coronary anton	ov boart dico	200			
			(c)	Coronary arter					
NOI			(c) NS CONTRIBUTING TO DEA						
ICATION	PABT 2 OTHI				OISEASE OR CONDITION GIVEN IN PA				20 AUTOPSY?
RTIFICATION	PART 2 OTH	R SIGNIFICANT CONDITION	19b. CON	NTM BUT NOT RELATED TO THE TERMINAL	OISEASE OR COMOITION GIVEN IN PA	IRT 1 to			YES 🗆
AL CERTIFICATION	PABT 2 OTHI 190. DATE 210 EXTER UNDERLY	R SIGNIFICANT CONDITION OF OPERATION RNAL CAUSE WAS ING OR	196. CON 216 TIME HOUR A	OF INJURY A.M. MONTH DAY YEAR	OISEASE OR CONDITION GIVEN IN PA	IRT 1 to	E OF INJURY IN ITEA	N TO PART I OR PART 2	YES 🗆
EDICAL CERTIFICATION	PABT 2 OTHI 190. DATE 210 EXTER UNDERLY CONTRIB	OF OPERATION	216 TIME HOUR A F DEATH P 21e PLAC	OF INJURY A.M. MONTH DAY YEAR P.M. 19 E OF INJURY (ATHOME. 7)	OISEASE OR COMOITION GIVEN IN PA	RT 1 to			YES 🗆
MEDICAL CERTIFICATION	PABT 2 OTHI 190. DATE 210 EXTER UNDERLY CONTRIB	OF OPERATION RNAL CAUSE WAS ING OR OR INTING CAUSE OF	216 TIME HOUR A F DEATH P 21e PLAC	OF INJURY A.M. MONTH DAY YEAR P.M. 19	OISEASE OR COMOITION GIVEN IN PA	RT 1 to	E OF INJURY IN ITEA	N TB PART I OR PART 2	YES 🗆
MEDICAL CERTIFICATION	PABT 2 OTHI 190. DATE 210 EXTER UNDERLY CONTRIBI 214 INJUR WHILE AT WORK	OF OPERATION OF OPERATION RNAL CAUSE WAS ING OR JTING CAUSE OF YOCCURRED NOT WHILE AT WORK	19b. CON 21b TIME HOUR A F DEATH 21e, PLAC STREET, F	OF INJURY A.M. MONTH DAY YEAR P.M. 19 ZE OF INJURY (ATHOME. 2 ACTORY, FARM, ETC.)	OISEASE OR COMOITION GIVEN IN PA	RT 1 IO		COUNT	YES (
MEDICAL CERTIFICATION	PART 2 OTHI 190. DATE 210. EXTER UNDERLY CONTRIBI 21d. INJUR WHILE AT WORK	OF OPERATION ON OR OPERATION ON OR OPERATION ON OR OPERATION ON OPER	19b. CON 21b TIME HOUR A F DEATH 21e, PLAC STREET, F	OF INJURY A.M. MONTH DAY YEAR P.M. 19 TE OF INJURY (ATHOME. 2) ACTORY, FARM, ETC.)	OISEASE OR COMOITION GIVEN IN PA	ED (ENTER NATUI	Y OR TOWN		YES []
MEDICAL CERTIFICATION	PABT 2 OTM 190. DATE 210. EXTER UNDERLY CONTRIBI 210. INJUR WHILE AT WORK 220. I condend to the condend to the condend deoth re-	OF OPERATION ON OR OPERATION ON OR OPERATION ON OR OPERATION ON OPER	216 TIME HOUR A F DEATH 21e PLAC	OF INJURY A.M. MONTH DAY YEAR P.M. 19 ZE OF INJURY (ATHOME. 2 Actory, farm, etc.)	OISEASE OR COMOITION GIVEN IN PA	ED LENTER NATUL	quiry X,	ond in my opini	YES (
MEDICAL CERTIFICATION	PART 2 OTHI 190. DATE 210. EXTER UNDERLY CONTRIBI 21d. INJUR WHILE AT WORK	OF OPERATION RNAL CAUSE WAS ING OR UTING CAUSE OF IY OCCURRED AT WORK ertify that I took chais sulted from: Not	216 TIME HOUR A F DEATH P 21e PLAC STREET, F	ATM BUT NOT RELATED TO THE TERMINAL DITION FOR WHICH OPERATION OF INJURY A.M. MONTH DAY YEAR P.M. 19 ZE OF INJURY (ATHOME. 2) FACTORY, FARM, ETC.) described obove, held on Accident . Suicide	DISEASE OR COMOITION GIVEN IN PA	ED LENTER NATUL	quiry X,	ond in my opini	YES []
MEDICAL CERTIFICATION	PABT 2 OTHI 190. DATE 210. EXTER UNDERLY CONTRIB 21d. INJUR WHILE AT WORK 220. I c deoth re ACTUAL SIGNATU EXAMINEI	OF OPERATION ON	216 TIME HOUR A F DEATH 21e PLAC	ATM BUT NOT RELATED TO THE TERMINAL DITION FOR WHICH OPERATION OF INJURY A.M. MONTH DAY YEAR P.M. 19 ZE OF INJURY (ATHOME. 2) FACTORY, FARM, ETC.) described obove, held on Accident . Suicide	OISEASE OR COMOITION GIVEN IN PA	CIT VIOLENTER NATULE CIT VIOLENTER NATULE Undetermin	quiry X, ned manner	OND IN MY OPINI	YES (
7	PABT 2 OTHI 190. DATE 210. EXTER UNDERLY CONTRIBI 21d. INJUR WHILE AT WORK 220. I c deoth re ACTUAL SIGNATU EXAMINE! ITYPE OR	OF OPERATION ON	19b. CON 21b. TIME HOUR A F DEATH P 21e. PLAC STREET, F	ATM BUT NOT RELATED TO THE TERMINAL DITION FOR WHICH OPERATION OF INJURY A.M. MONTH DAY YEAR P.M. 19 ZE OF INJURY (ATHOME. 2) FACTORY, FARM, ETC.) described obove, held on Accident . Suicide	OISEASE OR CONDITION GIVEN IN PA	CIT VIOLENTER NATULE CIT VIOLENTER NATULE Undetermin	quiry X, ned manner EXAMINER	OND IN MY OPINI	YES (

Acti

Jegggere.

!arybelle .. concil

Marybelle white, ox 366, Eu i

Cemms Cemetery

lyndman Mb, Somerset, Pa.

iarvey , zeirler, Lyneman, a. 15545

7.7/63

	(0)	
	9	
	no)	
	4	d
_	96	1
	0	N.
	é	1
	9	
	70	
	fe	
5	S	
7	50	
4	2	
	24	
5	Pin Pin	
4	3	
5	70	
ı.	Ofe	
K	e x	
E .	0	
	0	
2	ote	
:	110	
2	ert	
5	2	
2	eo	
M E	70	
DIVISION OF VITAL RECORDS, 201 W. PRESTON St., DALLIMORE, MARILLEING ALLON	£	
5	300	
5	+ 5	
	100	
9	9	
5	2	
4	30	
e e	9	0
<	=	icio
>	Z	hys
5	Ö	0
Z	S	Bu
2	I	pu
<u> </u>	O	offe
5	Z	7
	Z	-
_	13	orto
	A	OSP
	S	4
	1	the
	ITA	by
	Sp	70
	P	ine.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be	etained by the hospital ar attending physicial
	leve-	

page 3

STATE OF MARYLAND

1.	STATE REGISTRAR			UEF		CATE OF DEATH	REG. N	10.	0	3 3
	CEASED NAME	FIRST	٨	AIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
(1166	CWPKINI	Jessie		1	White		100	07 09	83	7:25 DM
3 SE	Х	000011	4 RACE		5 DATE O	FBIRTH	6. AGE (IN YEARS LAST BH		FUNDER TYEAR	IF UNDER 24 HRS
	Female		White		HIMOM 80		9	_	DATS	HOURS MIN.
70 B	IRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUN	UTRY? 8		9 BALTIMORE CITY	R COUNTY	OF DEATH	
	USA-Mar	vland	USA		WIDOWE	DINEVER MARRIED DIN	Allegan	v Count	tv	MD
10 C	ITY OR TOWN OF		11. NAME OF		IURSING HOME O	R OTHER INSTITUTION	12g. USUAL OCCUPAT	ION	176 KIND	OF BUSINESS OR
	Frostbur	a			ommunity	Hospital	CTERK	OF WORKING (IFE)	Rose	enbaum's
USU	AL RESIDENCE (IF N	NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)					
	Maryland	136 COUN	egany	Fros	tburg	13d. INSIDE CITY LIMITS?	1 Kaylo		le (2	1532)
14. F/	ATHER'S NAME		MIDDLE	LAS	st	15. MOTHER'S MAIDEN NA			14	ST ,
	Jared		E.	Dav	wson	Minerva			Bra	int
160 \	WAS DECEASED EN		MED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDR	ESS		
	XUMA X MOAWA		•	215-	18-8915	K. Carter,	48 Tarn Te	rrace,	Frost	burg, MD
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 110. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 2110. TIME OF INJURY HOLD A M. MONTH. DAY YEAR 2111. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)										
TIF							YES		NO [
	210. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTI	H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT I OR PART 2)	
MEDICAL	21d. INJURYOCC	T WHILE WORK	21e. PLACE (AT HOME, STE		OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN COUNTY ST			
	220.1 certify that	22a. I certify that (1) (this hospital) attended the deceased from 19 3, ond that in (my) (our) opinion death occurred on the date and hour and Irom the causes stated obove, (1) (we) (did) (did not wew the body alter death. DEGREE ATTENDING: MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								
				-)	27e ADDRESS				
		Kim, MI					rrace, Fros	tburg,	MD 2	1532
	BURIAL, CREMATIC	ON, REMOVAL			23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	Burial		7/12/	/83	Rose H	ill Cem.	Cumberl	and-A?	lega.	ny-Md.
24 F	UNERAL DIRECTO	Geor	ge/Upcl	nurch	Fureral	Home 250 DA	TE REC'S BY REGISTRAL	BEST REGISTA	ARIS SIGHA	46AL
2	02 Gree	ne St:	reet-Ci	ımber	Tand, M	laryland JU	T 1 0 1000 0			

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune should be detached for use as the buriol-transit permit. Then please remove corbanapopers. Pages 1 and 2 should be filled within 3 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical econine must be confitted as

(VRA 15, 4)

BP.

s'nucingent atolo . sveni com The state of the s Estros. Con Constant de la constant

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REG. N	10.			
1	DATE OF	DEATH	MONTH	DAY	YEAR 1983	2b. F
		T,	1737	22	1083	1 5

7 3 3

	KEOISTKAK								REG. NO.			
	CEASED NAME	FIR51		MIDDLE		A\$1		20 DATE C	F DEATH M	ONTH DAY	YEAR	2b HOUR 9:30
(. OKYKBATI	EARL	S	HERIDAN		WILSON, S	SR.		Ju1	y 22,	1983	9:30 A.M
3. SE	X		4. RACE		S. DATE C	OF BIRTH		6 AGE (IN	YEARS LAST BIRTH	DAY) IF I	UNDER I YEAR	IF UNDER 24 HRS
1	Male		Whit	ie .	Jan	3, 1900	YEAR	83	3	YRS.	NIHS DAYS	HOURS MIN.
	RTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MAR	D. (C.D.)	9 BALTIM	ORE CITY OR	COUNTY OF	FDEATH	
Ma	aryland		USA MARRIED WIDOWE			D DIVOR	CED 🗌	Allegany				MD
10 C	ITY OR TOWN OF DI	EATH		HOSPITAL, NURSIN		OR OTHER INSTITU	TION		OCCUPATIO			OF BUSINESS OR
Cı	umberland		Memorial Hospital				3310		lesale			Retired
USU	AL RESIDENCE (IF NU			, GIVE RESIDENCE BEFORE								1502
	STATE	136 COU		13c. CITY OR TOWN	-	13d. INSIDE CITY I	LIMITS?	13e. STREET		0 40		
-	ryland ATHER'S NAME	MALL	egany	Cumberl	and	YES NO			#3, B	ox 48) , V	alley Ro
14. FA	FIRST		MIDDLE	LAST		FIRST		AIE	MIDDLE		LAS	
	Emory			Wilso	n	Do:	rles	ki			Ath	ey
	WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT			ADDRES	S		21502
,	YES, NO OR UNKNOWN)	(11.152.01	VE WAR OR DATES!	214-05-	5923	Earl S	. Wi:	lson.	Jr.	Cumbe	rlan	d. Md.
	LIL CALISE DE DE A	TH (Enter o	nly one couse ne	r line for (g), (b), pnd	duce:	- 1				2		MATE INTERVAL ONSET AND DEATH
	PART I. DEATH	WAS CAUS	D BY	mtt	te	adanos	ney	- m	ofCel	(2.)	2-3	The The
	IMMEDIATE CAUSE (0)									-	77.07-0	
	1539	1	DUE TO.	R AS A CONSEQUE	NCE OF							
	Conditions, if on	v. which	((6)									
	gove rise to in	nmediate	10)									
	couse (o), stat		DUE TO,	R AS A CONSEQUE	NCE OF							
	underlying cou-	se lost	(c)_									
	PART 2 OTHER SIG	EATH BUT	NOT RELATED TO	THE TERM	INAL DISEA	SE OR COND	TION GIVEN	IN PART 10	0			
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE											
Ĭ	DATE OF ORER	90 DATE OF OPERATION 196. CONT			TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206 IF YES, WERE FINDINGS USED				
0	198 DATE OF OPER	ATION	198. CONT	THON FOR WHICH	OPERATIO	N WAS PERFORME	:0				ING CAUSES OF DEATH?	
CERTIFICATION							1770					NO 🗌
Ü	210. ACCIDENT WAS U		216. TIME		W WEAD	21c HOW INJUR	Y OCCURR	ED (ENTER	NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
	OR CONTRIBUTING	8										
MEDICAL	(IF EITHER NOTIFY ME			.M. OF INJURY	19	211 LOCATION		_				
ME	100			TREET, FACTORY, OFFICE, FA	ARM ETC)	STREET			CITY OR TOW	.14	COUNTY	STATE
	AT WORK AT W	WHILE								/		
	220.1 certify that	M (this hosp	ital) attended t	he decoosed from_		7/3 , 1	983	, to		122 19	83	thought (we) lost
	sow the deced	sed olive or	1	7/22 19 8	13 01	nd that in (my) [pur	opinion o	death accuri	red on the dat	e and hour or	nd from the	couses stated
	22b SIGNATURE	(did) (did in	ot yew the bod	y of yer death.	-	DEGREE					1220 DATE	SIGNED
	1/2	1 1	E 0 . 0	1.	mn		NDING	MEDICAL	STAFF		13/	-107
	1	1./	and	>11,		PHY			R PHYSICIA		1.7	113
	228. PHYSICHANIST	VAME ITYPE	OR PRINT)	•		22e. ADDRESS	Memor	ial Ho	osp. Me	d. Bld	10	
	Dr. Phi	lip So	hroeder				Cumbe	rland	, MD	21502	*6 •	/ IX 11
	BURIAL, CREMATION	, REMOVA	236 DATE	23c. N	AME OF C	EMETERY OR CREA	MATORY	23d LOC	ATION		COUNTY	STATE
	Burial		July	25,83Zi	on M	emorial	Pk.	Cumb	perlan		llega	
24 FI	UNERAL DIRECTOR		1 1					E REC'D. BY	REGISTRAR 2	B D GISTRA	R'S SIGNAT	URE

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital or attending physician.

BP.

medical exom

injury, or other traumatic event, the

MPORTANT: If Item 21 is morked ar Item 18 shaws ony

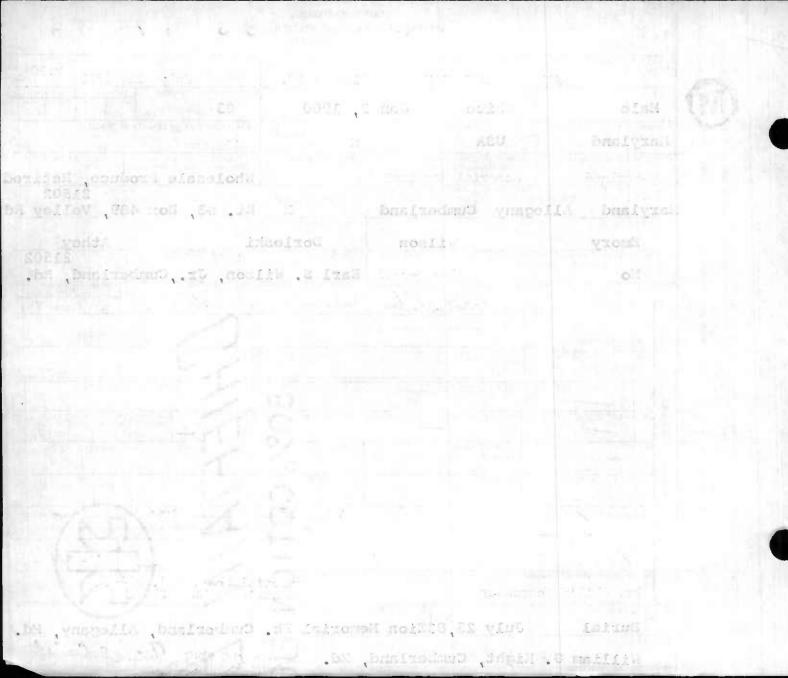
Burial 24 FUNERAL DIRECTOR

William G. Kight, Cumberland, Md.

2.8 1983

Cumberland Allegany Md.
RECID. BY REGISTRAR 236 DEGISTRAR'S SIGNAYURE

O 0 1093 Shung Chung



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGING

	2	7	. 1	-7	E.
	1	-	3	.5	5: 60
EG NO	1				

1	- STATE REGISTRAR	PAI ANTI	CERTIF	FICATE OF DEATH	REG, NO.	3	() ()			
ī	. DECEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	ONTH E	DAY YEAR	26. HOURO: 5		
1	NANNIE	E MELINDA	W	ILSON	July 5, 1	983		P M		
3	FEMALE	RACE WHITE	5. DATE O	DF BIRTH 17, 1890 AR	6 AGE (IN YEARS LAST BIRTH		MONTHS DAYS HOURS			
7	70. BIRTHPLACE (STATE OR FOREIGN) COUNT MARY LAND	b. CITIZEN OF WHAT COUNTRY?	8 MARRIE WIDOWI	ED NEVER MARRIED D	9 BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY					
2	Cumberland	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Memorial	Hosp	oital	HOUSEWIFE TOP	N WORKING LIFF		HOME		
	USUAL RESIDENCE (IF NURSING HOME OR OF 138, STATE ND.			13d. INSIDE CITY LIMITS? YES NO	13-1 STREET ADDRESS 437 C	HEST	NUT ST.	502		
1	FATHER'S NAME FIRST JOSEPH DEA	TPLE LAST		15 MOTHER'S MAIDEN NA	RA CROWE DDLE		LA	ST		
1	160 WAS DECEASED EVER IN U.S. ARA (YES. NO OR UNKNOWN) (IF YES. GIVE	AED FORCES? 166 SOCIAL SECU 217-54-6		MRS. GERALD	LDINE BROWN, CUMBERLAND, TMD. (DAUG					
	Conditions, if ony, which gove rise to immediate couse ioi, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	CAUSE (o)		ruskija o				10		
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDS YING CAUSES			
7		21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR		RED (ENTER NATURE OF INJURY	IN ITEM 18 P.	PART OR PART 2}			
	OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)		211. LOCATION STREET	CITY OR TOW	7	COUNTY	STATE		
	sow the deceased alive on above, (1) (we) (did) (did not	ol) ottended the deceosed from 19 Niew the body ofter death.	£3.0	and that is (my) our) opinion	death occurred on the dat	e ond hou				
	226. SIGNATURE	lden		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		7/	TIPS		

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

Memorial Hospital Med. Bldg., 21502 Cumberland, MD

Dr. Thaddeus Elder

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

131 NAME OF CEMETERY OF CREMATORY
HILLCREST CEMETERY

CUMBERIAND, ALLEGANY, MD STATE

24. FUNERAL DIRECTOR

NAMES F. SCARPELLI CUMBERLAND, MD.

23b 78783

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove corbin with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re-

TO HOSPITAL OR ATTENDING PHYSICIAN: The

etoined by the hospitol or

BP

injury, or other troumotic

IMPORTANT: If Item 21 is marked or Item 18 shows any

AND TOTAL AND TOTAL AND THE PARTY OF THE PAR MARIEN ... SERVICE COMMENSATE SERVICE LA GRADE

-	Page	
	death.	
5	after	
7 7 7	4 hours	
LAN	rhin 2	
MAK	uted w	
MOK	exect	
BALLI	cate be	
	certifi	
NES I	death	
8	hat the	
2, 40	ures 1	
DIVISION OF VITAL RECORDS, ZOT W. PRESTON ST., BALLIMORE, MARYLAND ZIZO	Day we	
ALK	The k	ICION.
5	CIAN	g phys
NO.	PHYS	rtendin
Š	NDING	or o
	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page	etained by the haspital or attending physician.
	AL OR	y the
	HOSPIT	d ban
	0	efo

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3		1	V	3	- 6
R	EG NO.				

FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL H	YGIENE 3	7 3 3 6					
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MO	INTH DAY YEAR 26. HOUR					
(TYPE OR PRINT) Oscar	Lemuel	Wisman	0'	7 31 83 10:19 4					
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER TYEAR IF UNDER 24 HRS.					
Male	Caucasian	~88° 88°	95	YRS. MONTHS DAYS HOURS MIN.					
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	AARRIED NEVER MARRIED	9 BALTIMORE CITY OR						
Virginia	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Allegany	MD.					
Oumberland	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Lions Manor Nur		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI Painter						
USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13b, COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFO JNTY 13c. CITY OR TO Cumberl	WN 13d INSIDE CITY LIMITS?	200 0	venue 2/502					
14 FATHER'S NAME FIRST Milton	MIDDLE LAST Wisma	IS MOTHER'S MAIDEN PERST	MIDDLE	Haun					
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRESS						
unknown (IF YES ON NO	214-32	2-2868 Lions Manor	Seton Dr. Co	umberland, MD					
	(b)		divascular des	LANE— ION GIVEN IN PART 1101					
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		06. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?					
OR CONTRIBUTION CAUSE OF D	EAIN	DAY YEAR	YES NO URRED (ENTER NATURE OF INJURY IN	YES NO NO NITEM IS PART I OR PART 7)					
UF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK	210 PLACE OF INJURY LAT HOME STREET FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE					
sow the deceased alive above, (I) (we) (did) (did)	27a. certify that (I) (this haspital) attended the deceased from								
22b. SIGNATURE	eph Edly	DEGREE ATTENDING PHYSICIAN		N□ 8-1-83					
Ralph P. Er	dly, M.D.		ve, Cumberland	d, MD 21502					
230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	AL 23b. DATE 23c Aug. 3,1983	NAME OF CEMETERY OR CREMATOR Hillcrest Burial	CITY OR TOWN	nd. Allegany.Md.					

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physicion and is should be detached for use as the burial-transit permit. Then please remove carbonpapers. Paget with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

injury, ar other traumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. (VRA 15, 4)

Aug. 3,1983

23d LOCATION
CITY OF TOWN

Cumberland Cumberland, Allegany, Md.

By REGISTRAR 25, REGISTRAR'S SIGNATURE Hillcrest Burial Park

A Marie Control	?	19100		10000	1505	
	56	88 (1)	100	u kan	200	ofan
	, Mar e fil	a till x		ANU		ninija W
	alnter		E raterul	normal ((4 on	(number) and
an an	300 Orand Aven		อสนใจอ	onu	ment.	harfyre?
Mail		War fari	11011	MI.		mot fit
Top Shines	drug of more.	- 1	1010 SE	415	- 54	moretra
	and the state of					
THE PE						
	10					
HILL S					7	
表现						- Marian

	1						E OF MA							
	1-	FOR STATE						ND MENTAL	- 13	- 1		7 3	3	7
	1 66	REGISTRAR	AE FIRST	M		XAMINI		RTIFICATE			REG. NO.			
		CEASED NAME OR PRINT)	IE PIKST		OF ESTI.							DAY YEAR	26 HOUR	
PLEASE CTOR. FILES. HOURS			LEAH									7-8-8	83 19	2341 ,
STEERS	3. SE		4. RACE	5. DATE OF BIRT		6. AGE (IN YEAR		R 1 YR. IF UNDE		C. DATE	CED	MONTH	DAY YEAR	2d HOUR
53555			White	6-1-24		59 YRS	S.			DEAD	/-8-		19	2341 _M
11 May 105	70. B	RTHPLACE (STATE OR	76 CITIZEN OF	WHAT COUNT	TRY?	MARRIED	NEVER MAR	RIED 🗆		ORE CITY OR		OF DEATH	
15 THE REAL PROPERTY.		Mary.		U.S.A. WIDOWED DIVORCED						Allegany				
15 8 E S E S E S E S E S E S E S E S E S E		TY OR TOWN		(IF NOT IN SUCH	I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKINGLIFE) Sales Clerk						DF WORK 12	Stor	ISINESS RY	
S 1, 2, AND 3 TO 1 PM 3. RETAIN PA ND 2 SHOULD BE F WUAL RECORDS.		rostber	J		Frostborg Comm. Hospital Sales Clerk OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI								Stor	0
	13e. S	TATE	(IF IN NURSING HOME COUN	OR OTHER INSTITUTION. TY		BEFORE ADMISSION OR TOWN		d. INSIDE CITY LIMITS?	13e STRE	ELADDRES	SS OOF	01	520	
	Me		Alleg	jany	Fro	stbur	g	YES NO	Rt	3 Box	₹ 305	Q!	900	
ON WAY	14. F	THER'S NAM	E	MIDDLE									LAST	
205 € 20 -	Ray			C.	Arnold Mabel V. Fil							ike		
PA FOR	160 \	VAS DECEASE ES, NO, OR UNKN	DEVER IN U.S. AR	MED FORCES? WAR OR DATES]	16b. SOC	IAL SECURITY	NO. 17	INFORMANT			ADDRESS .	Rt.	3. Bo:	x 30°
IRS AFTER COIVE PAWITH FOR PAGES 1 DIVISION		_No_			220-	16-66	44	Ellis	Yates	, Fr	ostbu	rg,	Md.	
AT. W.		18 CAUSE C	OF DEATH (Enter on EATH WAS CAUSE	ly one cause per li									APPROXIMATI	T AND DEATH
PER H		41		E CAUSE (a)		-Pulmo		arrest					sudder	
JER ALCHIN 2. ALCHIN 2. ALCHIN 2. ALCHIN 2. ALCHIN 2. ALCHIN 2. ALCHIN 3. AL		Condition	ons, if any, which	DUE TO, C	R AS A CONS							17.1		
MINE MINE TRAN NTAL	-	gave r	ise to immediate) stating the under-	(b)		-		llation					1 hr	
0021111		lying co		DUE TO, C	R AS A CONS							4.4	1211	
ECUTE NI EXA URIAL NION,		BART 2 OTHER C	ICHICIANT CONDIVIOUS	(c)				eart dis						
BE EXE ENDING WEDICA AS A BL AS A BL CREMA	z	TART 2 UTNER 3	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H ROL HOL KETAL	ED TO THE TERMIN	(AL DISEASE DE	CONDITION GIVEN IN	PART 1 to					
WEAL CR	MEDICAL CERTIFICATION	19a DATE O	F OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOF								NO ALLEGO	0	
A PER	5													
200 H > B -	E	210. EXTERN	AL CAUSE WAS	21b. TIME O	OF INJURY		1216 HOW	INJURY OCCUR	DED JENTERN	ATURE OF INJU	IDV IN ITEM 10 DAI	DT 1 OR BART 2	YES 🗌	NO 🔀
ERTIFICATE SHE WORLD THE WORLD TO THE COLOR SHOULD BE EPARTMENT PRIOR TO BUILD BE TO BUILD	ALC	UNDERLYING	G OR		M. MONTH			III OCCOR	KED (EIVIEKIV	ATORE OF HAJO	AT HATEM 19 PA	NI I OR PART 2	1	
SHO SHO RIO	DIC	21d. INJURY			M. OF INJURY	19 (AT HOME,	21f. LOCA	TION						
S CE REDE	ME	WHILE AT WORK	NOT WHILE	STREET, FA	CTORY, FARM, ET		STRE			CITY OR TOW	N	COUNT	IY	STATE
E, WA EWA PAC STAI		ATWORK	AT WORK						(1777)					
EXAMINER CERTIFICAT OULD BE FOI DIRECTOR: 1, WITH THE MARYLAND			ify that I took charg	-		e, held an	Autopsy		ian X,	Inquiry	A, ond	ın my apını	on	
CERTIFIC CERTIFIC BE DIRECT WITH WARYL		death result	ted from: Notur	ol couses	Actident	L.J. Suic	ide,	Hamicide	Undete	rmined mai	nner,			
CER CER ANAR		ACTUAL	(land	1 6-	in ~~	,		Ast. Dp	tv			DATE	7-9-83	3
EDICAL EDICAL BASE THE CASE TH	1	SIGNATURE	- yard	, , , , , , , , , , , , , , , , , , ,			M.D.	Mac. Dp	MEDI	CAL EXAM	NER	SIGNED.	1 3 00	
FE DAY		EXAMINER'S (TYPE OR PRI	NAME PAI	11 Snow.	M D		AD	DRESS Me	moria	1 Hosi	nital			
TO MEDICAL EXECUTE THE PAGE 4 SHOT TO FUNERAL AFTER DEATH BALTIMORE, A	23a.B		TION, REMOVAL 2			AME OF CEM			234 100	CATION				
ВР	(5	Buri						netery	Os	klan	d, Ga	rret	t, Md	ATE
	24 FI	JNERAL DIREC		, d	-			250. DATE	REC'D. BY	REGISTRAF	REGIST	RAR'S SIG	NATURE	
DHMH - 17 (VR A15 ME (5))		DURST	Funera	1 Home,	Fros	tburg	, Md	JU	L19	1983 ,	John	- J- G	amely	
15M 2/80							-				4			

